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ARE WE PROGRESSING?

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Human nature, it may be said, is possessed of a continued series of phases and an endless variety of shades and diversity of colorings. Viewed either mentally or physically, its features are more or less perverted, or diversified, and its peculiarities and susceptibilities are limited only by the boundaries of human existence itself. Is it strange then, that this congeries of shades, susceptibilities and deformities, should be possessed of such discordant views, propelled by so varied motives and stimulated by ambitions so very different?

Its motives, like its sympathies, are almost endless, and of the most variable character. Its aspirations, like its vanities and follies, are likewise endless, and vary from that of the most noble and godlike to the most ignoble and devilish, as the surroundings and necessary stimulus may be present to prompt the different characteristics into action.

Human nature is a wonderful compound in the aggregate; it professes purity of motive, while selfishness may be one of its most prominent features;—it professes to be honorable in all things, but how far is it so in all its dealings? It professes to love its neighbor as itself, and yet coolly and stealthily seizes his interests, and oftentimes robs him of his

good name to justify the foul offence. It is at war with itself, inflicting the most extraordinary amount of suffering, and developing almost every form of disease; and it is no less at war with the higher laws, the observance of which, were designed for its happiness and life. I do not propose to raise the curtain and unfold the pages of history, in order to prove in detail, the truthfulness of these statements. That is not the object of this paper; neither is it presumed that human nature is generally depraved, dishonest or dishonorable and barbarous, for in all ages, among all nations, and in almost every family of man, may be found the most splendid specimens of devotion to truth, justice, honor, purity of thought and genuine kindness. But what have been the masses of the past in every age and nation? What are they even at the present day? Shrouded in comparative darkness, more or less stimulated and governed by the appetites and passions of their more animal nature; the weak largely a prey for the strong; living in discord with their noble nature, and generally in open war with the laws of life.

Does not the practice of these grosser tastes produce these impressions, and entail their results upon human life? Does it not lessen the tone, impair the development, and render it more susceptible to disease and consequently less under the influence of treatment?

But have not these causes also depraved the intellect of man, rendered him more narrow, selfish, and limited in his views, as well as entailed upon his body almost every form of disease to which he is subjected? The feuds and wars, both holy and savage,—the innumerable sects and creeds that have, in many instances, called forth the most astounding manifestations of self sacrifice and reverential devotion—the extraordinary confusion of opinion upon nearly all subjects even at the present day, when science has so far advanced, and in a measure, illuminated the world,—do not these *attest* the deformity of man's intellect, the narrow limits of his views, and the thick darkness that still surrounds him?

The medical like the theological profession is largely made up of the same small, discordant elements. The shadows of the past still rest upon it having lost but little of its former complexion of vanity and absurdity. Traces still remain of the old tenets and dogmas of a thousand years,

conceived in darkness and born in the tumult of comparative ignorance and incantation. I can look back, and it seems almost like yesterday, when the physician's principal stock in trade was the lancet, calomel, jalap and the blister; when the lancet was used in phthisis to reduce hectic fever, and when nearly all inflammatory action was subjected to this then-considered potent little instrument. But we are progressing and it has almost completed its work.

Since the doctor has been denied the use of the lancet, limited materially in the application of the blister, and a large percentage of the people refuse to swallow the mercury, he has been in eager search after other means to take the place of these now antiquated measures; hence every new suggestion or extra-puffed remedy is oftentimes hailed by some physicians, with the greatest joy, not because of its perfect adaptation to the diversified composition of human life, or the ever-varied features of disease; but, more particularly, because these considerations have been overlooked. Now the natural fruits of inappropriate medication, to the physician, is disappointment and confusion. In this unhappy condition *new* remedies are often accepted and applied with about as little deep thought and careful examination as is represented in the fable of "the drowning man catching at a straw." And not unfrequently the warm enthusiasm of the physician induces him to prescribe or apply the drug without due regard to the selection of the appropriate case, and without waiting for its proving he continues to use it more or less in all cases, until he becomes sick and tired of it when it is thrown aside. Like the young child in the nursery room when presented with a new doll, whatever she does, wherever she goes, if to play, to sleep, to the dinner table it has to go with her. But after a while it gets to be an old story and it is thrown aside and neglected. Such is the fate of some valuable new remedies, as well as many that are worthless.

This mode of action is not confined wholly to scattering members of the profession, for sometimes large portions of them are swayed and governed in the like manner. Need I look back and call your attention to that foolish notion that was originated and advocated by leading members of the profession, producing quite a ripple of excitement in the world, that fascinating idea of restoring the aged of both

sexes to all the functions of youth and vigor by the injection of young blood into their old veins.

Another theory about as foolish as the last, was advanced in Europe some thirty-five or forty years ago when cholera was making its fearful ravages upon that continent, which was to open a vein in those attacked and inject a solution of chloride of sodium into the circulation; this it was said would stay the progress of the disease and save its victims, as it was found by some of the first stars in the profession, that the blood of those suffering from cholera was largely deficient in its normal quantity of this salt; consequently, its injection into the patient's circulation, (in order to raise it to its normal standard in that fluid,) would restore the patient to health. But human nature singly or in the aggregate, has its *peculiarities*,—thinks it is *always* right,—is obstinate,—will have its *own way*,—and, for the sake of distinction, may be classed with the old fogies, and thus the fine theories of the doctors fell to the ground and were lost.

A little later in the history of medicine we find another new theory advanced in general practice, which, although mixed with some error and absurdity, as might have been expected being as it was of illegitimate birth; nevertheless it possessed some merit, proved to be a real step in progress, and has brought forth some excellent fruit. I refer to Thomson and his theory, which created considerable excitement in this country for a number of years; held a conspicuous place outside of the profession; did much to revolutionize public sentiment in favor of liberal medicine; and finally its advocacy faded out as a distinct formula in general practice.

Not far removed from the period already mentioned, we have another new theory, viz.: Hahnemann's, which threatened for a short time at least, to eclipse all previous theories of medicine in Europe. Its colleges sprang up in Italy, Germany, France and Great Britain in quick succession. Allopathy took alarm, became panic stricken, and many of its members went over to the young invader, who flourished for a time; but when reason and common sense returned to the people and the profession, and when the new theory was subjected to the stern experiment of practical test in the hospitals, it was found wanting; and its glory went out upon that continent about as rapidly as it sprang into existence.

Its college halls soon became silent and deserted, their doors were closed and the edifices passed into other hands and were used for other purposes. Its friends and followers became discouraged, and many fell back into the ranks of Allopathy, while others remained faithful to the tenets of the new system, a party without organization, concentration of action, or influence.

Europe, who has given this country comparatively all that it has, her people, her laws, her literature, her arts and sciences, as well as her follies, has also given her Hahnemann and many of his followers. The strong ties of attachment existing between this country and Europe, the fond desire of this people, particularly the more wealthy portion, for everything that comes from the old world, has given this system of medicine a warm and friendly greeting. In this new soil, in this extra sunshine where the people expect and are anxious and willing to pay for being humbugged, it has taken root, received, as it were, a new lease of life, and, more particularly of late years, commands considerable influence. This influence is largely due to three very important factors namely: the medicines used are all pleasant to take, and as children and many people are more blessed with nice tastes than with extra wisdom, this forms a very important point in favor of the system, and one, I might say, which eclectics have always overlooked. The next factor is of even greater importance than the first, and that is that the Homœopathic physicians, or at least a large percentage of them, have ceased to confine themselves to the use of Hahnemann's infinitesimal doses; and when they deem it necessary, will use doses larger than Allopathy itself would dare to use. The third and last factor, the one perhaps which has done the most to renew its fading existence, and restore it to public sympathy and support, was the wanton and unwise persecution waged against it a few years ago, by Allopathy, especially by that portion of the old school in Massachusetts.

Contemporaneously with Hahnemann's system of medicine, we find another new theory to relieve the ills "that human flesh is heir to," brought forth by Galvani; but like all human discoveries, theories and systems, it was much more over-valued by its friends and admirers than its practical application would bear out; nevertheless it was another

step in advance, and now when properly used and applied to the appropriate cases, it is found to be an agent of much value to the physician.

Following closely upon the advent of Galvani's discovery the medical world was again aroused from its slumbers by still another new theory, and system of treatment called the Hydropathic, which threatened for a time to supercede all other creeds of medicine. Soon after it was announced in Germany by Presnitz I believe, the intelligence swiftly spread in all directions and was received by all nations and people in Europe, and eventually in these United States with great favor, confidence, and, in many instances, with much enthusiasm.

Hydropathic institutions were erected in many of the principal cities and towns of Europe, and also in this country. Hydropathists professed to cure all forms of disease, the acute as well as the chronic, and of course, many wonderful cures were performed. For a time, the sick and afflicted were brought to these institutions in great numbers to be washed from their sins and freed from their sufferings, they generally becoming inmates of the institution and members of the same family. It was soon discovered by the officers of these "retreats," that many of the patients were too deeply dyed in the flesh ever to be rendered "white as snow" by the aid of water alone. To overcome this difficulty hygiene was added and gardens and walks became parts of the "institution." But these were found not quite sufficient to meet the wants of the cases, so "dietetics" and "gymnastics" became additional features; but still there was something wanting, and finally Homœopathy was incorporated into the Hydropathic institutions; nevertheless they continued to languish, and one by one they faded out until there is scarcely an "institution" left in Europe; and I know of only one in this country, the features of which are the walks, the diet, and the horizontal baths. The diet is two meals a day,—mush and apple sauce in the forenoon, and apple sauce and mush in the afternoon. The bath consisting of the patient being wrapped up in blankets or quilts and laid out in the open air on the shingles, piazza, or other convenient place for two or more hours a day, as the nature of the disease may require.

I must not omit to mention still another theory of medi-

cine advanced not far from the time which gave birth to the Hydropathic system of treatment, and like that system it was a real step in progress; but under the disturbed condition of the times when it was given to the world, it produced no sensation in the public mind; and Allopathy gave it the cold shoulder, because it impeached, in a measure, its great dogma and in consequence of these unfavorable conditions, but few physicians of the present day have seen, and fewer still have read the work. I refer to "Dr. Dixon's Chrono-Thermalism."

We now come to another new theory in the treatment of "Phthisis," advanced and consequently approved, highly extolled, and very generally put into practice in all phthical cases, by Allopathy. The fame of this new agent "Cod Liver Oil," was a great medicine and certainly possessed some merit, for most assuredly it marked a mighty stride in progress compared with calomel, tartar-emetic and the lancet to reduce the hectic of by-gone days.

The demand for this agent soon became very great, but the supply of the genuine article was comparatively small. Its commercial value was greatly increased, all manner of fish and other putrid oils were substituted and Cincinnati furnished thousands of tons of "lard oil" to help supply the demand.

There are but few men at the present day that can fully comprehend the true value of this important agent; fewer still that can estimate the extraordinary amount of human life it has saved from a premature grave, or appreciate its beautiful adaptation to the usually very sensitive condition of the consumptive's stomach.

Notwithstanding the great nutritive and curative powers said to be possessed by this agent, a substitute is soon presented, viz: "Syrups of the Hypophosphites"—emanating from the same school of medicine, and which it is claimed, possess greater power over the disease, are more acceptable to the patient's stomach, and better adapted to all the wants of his case,—considerations of no small importance, and in the right direction; but how far have they been verified by the results? The introduction, more recently, of still another theory of treating lung diseases, viz: the inhalation of atomized medicines in aqueous vapors is presumptive evidence that these results have not been realized to the fullest extent.

We now come to glance for a moment at that system of medicine first brought to light eighteen hundred years ago by Themison, and afterwards partially incorporated into Galen's great system which continued to guide the medical profession for twelve hundred years; and again in the eighteenth century, revived and much improved by Boerhaave; and still more recently it has been revived and brought into action, (some thirty years ago,) by *Morrow*, *Jones*, and others of this country.

I refer to that system of medicine which from the nature of its constitution can never die while man continues to exist, and reason rules his actions,—that grand “system of systems,” which, as man becomes developed, must embrace and embody within itself *all* systems; that system which ought to have the most noble specimens of man to represent its holy mission, men with keen discernment, broad and expanded views, and cool reflection;—men who can comprehend clearly all “systems,” select the gold from the dross, and apply the same to its appropriate case; and added to these, and above them all, a complete knowledge of the human system in all its varied manifestations.

This system of medicine professes to select the good from all other systems; it has discovered many new remedies, and the modes of preparing them in a very concentrated form. These preparations were considered of the first importance. They were known as the Resonoids, or Eclectic remedies, by the virtues of which we became known over Europe; our influence materially extended at home; by their adoption in general practice, all systems of medicine have been largely modified and improved; and pharmacy has received an impetus from the success of these agents, that has raised it, and still continues to advance it, until it has now reached a high grade of perfection. These remedies gave the Eclectic physicians a proud position, and formed the leading features of Eclecticism for many years, but now are only used by a few of the older members of the school, although very extensively prescribed in both Allopathy and Homœopathy.

About twelve or fifteen years ago “saturated tinctures” of the erude agent were recommended, and largely substituted for the Resonoids, by many of the younger members of our school.

Still a little later, another theory was advanced, which, for a time, attracted the Eclectic ear, and that was to prescribe nothing but single agents only in the treatment of all cases. The explanation of the theory being that when compounds were given, it could not be clearly ascertained which of the factors in the compound produced the cure.

The next and last theory, I believe, that has captivated, to a considerable degree, the Eclectic ear, (for it seems to me it could not be its reason,) is that of "specific medication," although it is expected by many the "blue glass theory" will soon be announced. This theory of specific medication is not exactly the theory of single agents,—it is not that of saturates;—nor that of Homœopathy;—but a mongrel, made up and about equally blended with the coloring of the three.

Some of the older members have viewed *this* as a divergence from the true Eclectic path towards that of Homœopathy. This, I believe, is a mistaken view, as it is the right and duty of all Eclectics to prove and accept the good from all sources.

I have thus called your attention, very briefly it is true, to the fact that human nature, at least that portion of it with which the physician is brought into the most intimate contact, is more or less physically degenerated, dwarfed or distorted, and thus rendered more susceptible to disease. That this degeneracy is the result of transgressed law either transmitted or acquired, or both in some cases. That in consequence of this tainted condition of human nature, it carries the germs of disease with it, and is always ready to develop abnormal conditions whenever the exciting cause is present. That this degeneracy of our human organization renders it exceedingly variable in its susceptibility to the influence of remedial agents, as well as to the inception of morbid poisons. That the same medicines cannot be given indiscriminately in the same form of disease, with the same results; and that the different degrees of intensity, and, I might add fatality, by the same morbid poison in different individuals, is largely due to the degrees of degeneracy to which various parties have been subjected. I have also stated that the same causes that have degenerated man physically, have also dwarfed and perverted him intellectually; so that the science of medicine, like all other human efforts in other directions,

has advanced and is progressing,—but still it is far from being a perfect science.

I have already called your attention to a number of the theories and measures instituted by the profession to combat diseases and relieve human suffering. The success of these theories and remedial measures in practice, is sufficient evidence to show us how closely the ends for which they were designed by their authors, have been realized; and how far the science of medicine has been perfected by their efforts. Generally speaking, the new remedies and methods of treatment have emanated from the best minds; men of great learning and of a somewhat enthusiastic devotion to science; men who have added theory upon theory, and new remedy to new remedy, until the *Materia Medica* has become ponderous, the mind of the student confused, and staggers with its enormity; and yet how few of these great men have devoted their attention to pointing out the true adaptation of these agents to their appropriate cases; *the point*, above all others, to insure the success of the remedy, extend the fame of the author, and advance the science of medicine,—this last being the grand object that all ought to have in view.

Now I am one of those who believe it possible that a case may arise wherein venesection may be carefully used with advantage to the patient, but its former indiscriminate and frequently excessive use in all inflammatory cases including the hectic of phthisis, betrayed bad judgement.

The repeated and excessive bleedings recorded in Lord Byron's case, were nothing short of assumed scientific barbarity, and final murder. And even at the present day, we observe the indiscriminate use of the subcutaneous injection applied to nearly all painful affections without the least regard to the cause that has produced the pain; and, by men too, who claim to be both learned and scientific; but, as in Lord Byron's case, we observe the inappropriate use of the lancet, so we have to record the sad loss, as we have been informed, of Charles Sumner, (the noblest star that Massachusetts has ever produced,) by the subcutaneous injection.

But while we mention these two sad cases, think also of the thousands of lesser stars that have fallen, and are still falling prematurely, (but in the hurry and bustle of the world are unheard of and unknown except by their more

immediate friends,) through the want of appropriate adaptation in the use of remedial agents.

It would be truly laughable, were it not too serious, to contemplate the humiliating condition in which it places the profession, in having used as a liver stimulant for so many years the various preparations of mercury; more particularly is this apparent of late years since it has been proved so conclusively, that this agent has no power whatever to increase the flow of bile.

It is undoubtedly true that there are some cases of phthisis to which cod liver oil may be given with advantage and still more so the phosphites as recommended by Churchill and others; but even in these small number of cases, other measures and favorable conditions are necessary in order to realize their beneficial results.

The same may be said of Galvani's system of treatment, for, unquestionably, there are some cases when the galvanic current, if properly applied, will produce the most happy results.

To a still greater extent the Hydropathic system is of great importance in its various modes of application; and, in my opinion no physician in general practice, can afford to overlook the value of water, and the many ways he can appropriately turn it to account. But like galvanism, it can only be considered as a valuable auxillary to proper treatment, and not as a cure-all.

The theory of single agents is, I believe, to be simply so much nonsense. The organism of man is composed and was designed expressly for the use of compounds, and both the vegetable and animal kingdoms were arranged for the benefit of man, in harmony with that fact. Everything that is *of* man and *for* man is compound; the food he takes to renew his wasted energies, the drink to quench his thirst, the air he breathes to vivify the living fluid, the sweet tones that delight his ear, and the light that stimulates his brain, and unfolds to him the glory and the grandeur of the external world, are all compound in their constitution. This theory, it seems to me has advanced the science but little.

The "Saturates" are an improvement upon the "Resonoids," yet cannot, in all cases, supercede them. They are an improvement, because in a more soluble condition, and con-

tain more of the constituent element of the plant than can be found in the resinoid of the same agent. The alcohol extracts elements that are soluble in water as well as the resinoid; and consequently are not precipitated in the process of obtaining the latter.

They are also an improvement financially to the physician, because a less quantity of the solvent is required, and nominally a smaller dose will suffice, and thus while the war tax upon alcohol continues we must view the saturates as a step in advance.

The theory of specific medication being still in a state of probation, it may be considered premature to offer a single remark for or against it. With this in view, I will therefore leave it for the future to decide.

My own opinion is that a purely specific agent in medicine must have a very limited field of action indeed; nay more, while looking at the mighty mass of humanity and the vastness in the degree of its susceptibilities, its taints, its surroundings, and the ever-varying intensity of the diseases to which it is more or less subjected, impress me very strongly with the idea that a specific agent in medicine can hardly exist.

Thus have I endeavored to call your attention to the fact that human nature has been impressed, both mentally and physically, by the transgression of the natural laws, that these impressions have induced the most extreme differences in the degree of susceptibility in various individuals to the influence of remedial agents, as well as to all other influences. That medical men of learning and the purest devotion to science, wrought out many beautiful theories and hundreds of remedies to relieve human suffering, without taking into account this varied susceptibility in different individuals, (the most essential of all things to observe,) and consequently, all have comparatively proved abortive.

We as Eclectics, profess to select the good from all sources; but when we have done that, we have not accomplished half the work; we have had too much confidence in our good selections, and very little knowledge of human nature, and its many defects to apply them correctly. We must, if we really mean successful treatment, suit the remedy to the true conditions of the case, and not the case to the remedy.

Adaptation is one of the most rigid, yet one of the most beautiful laws of nature, including in itself harmony, order and arrangement, and everything is generally found in its proper place. Do you find the *bi-valve* on the mountain top; or the eagle exploring the aqueous fields of the alligator? Would you expect to hatch chickens in a snow drift, feed young eagles with canary seed, or satisfy the appetite of the turkey with the food of the humming bird? You answer no. But when each of us returns to his home at night, weary and worn from the labors of the day, let him ask himself if he has not done something in treatment equally as foolish. It may cure us of our vanity, make us more what we ought to be, and less what we seem, and aid us to advance the science of medicine another step towards perfection.



RHEUMATISM.

Suggestions as to its Treatment.

Rheumatism is certainly not only a winter disease, but it is brought about especially by cold, draughty, damp and wet weather, and we have therefore reasons to call it a winter disease.

Rheumatism is a tedious and painful complaint, which having once taken hold of a constitution is difficult to drive away. When the pain is localized in the joints, it is called articular rheumatism, and when it is distributed in the bones and tendons and muscles it is called general rheumatism.

The one thing the patient wants to get rid of in rheumatism is the pain, but the one thing which has to be seen to is the state of the blood.

There are various phases of this insidious and painful disease, the principal feature being, whether it is accompanied with fever or not.

Rheumatism or rheumatic pains without fever, when situated in the joints, will sometimes be accompanied with swelling and some amount of general feverish symptoms; it then becomes a sub-acute rheumatic fever.

Those who suffer from slight rheumatic fever, in one or more attacks, usually recover therefrom, and are not liable to prolonged rheumatism; on the other hand, rheumatism may exist for years, and generally does, without any attacks of rheumatic fever.

Although the phases of the complaint may be different, its nature and the state of the blood are similar. The blood in rheumatic fever contains excess of acid; this is the keynote of all rheumatic affections.

Therefore a great indication is here given for treatment, namely the use of alkalies.

Again, there is another indication in rheumatism; the surface of the body, the joints and whole person are very sensitive of cold and wet, and the sufferer from rheumatism feels continually chilly. Hence, warm tonics and warm drinks are very beneficial, and cold ones should be avoided.

An acute attack of rheumatic fever generally begins with a sensation of coldness and chilliness the first day, accompanied with shivering. Next day, the symptoms of fever become apparent, in the quickened pulse and the increase of temperature; loss of appetite, furred tongue, etc., occur, with costive state of the bowels. The skin, at first dry, soon becomes covered with perspiration, especially during the night time, and, together with the pain in the joints, prevents sleep.

The joints begin to swell, either the knees or elbows or wrists or ankles; several joints are usually affected, but not all at once, for there is this peculiarity; the pain and swelling shift about, so that, as they diminish in one joint they will reappear in another.

With this local symptom of swelling of the joints, fever increases and may run up to 104 and 106 degrees Fahr. The perspiration is peculiarly acid and sour smelling, and will sometimes be excessive. The urine is also acid and

deposits a copious sediment of lithates or urates; it has a very high color.

The treatment at this stage of rheumatic fever is most rational when it embodies fluid food, alkalies with tonics and purgative pills. Fomentation can be applied to the joints with alkaline and sedative lotions.

Opiates should only be taken with very great care, when pain is excessive and restlessness prevails.

Of useful drinks, warm barley water or sweetened lemonade can be mentioned.

The chief care to be taken is to prevent inflammation around the heart (pericarditis) or within it, with deposit on the valves (endocarditis); therefore the slightest chill or check of perspiration should be avoided.

Owing to the acid state of the blood, there is a constant tendency to "fibrination" or formation of fibrine, which is immediately deposited in certain inflamed parts—hence upon the valves of the heart, producing one form of heart disease; besides, there is in rheumatic fever a tendency to inflammation of all fibrous membranes, especially those of the joints and those around the heart (pericardium) and of the lungs (pleura).

If the treatment is successful, the symptoms of acute rheumatic fever diminish after some days, the perspiration becomes less, the urine is paler and less sedimentous, the temperature and pulse are lower, coincident with and dependent upon a diminution in the pain and swelling of the joints.

An attack of rheumatic fever leaves the patient weak and a good deal of after care is required, especially continual warm clothing, more particularly flannel body clothing. If the attack does not give way and pass off speedily, it passes over into the subdued form of chronic rheumatism.

General rheumatism, in which there is no fever, has for its chief symptom—pain.

The aggravating pain in the joints is due to inflammatory affections and deposit in the fibrous membranes thereof, whereby the nerves are irritated and compressed; therefore after a time the joint becomes stiff.

It is possible to get rid of this by stimulating the surface of the joint with lotions; spirits of turpentine rubbed in with flannel, or spirits of wine and camphor, or hartshorn and oil can all be applied with benefit.

A great relief and ultimate cure may be produced by wrapping the afflicted joint in new flannel, not one but several thicknesses, and in such a manner that air is positively excluded. The best way is to make the wrap or bandage crossways in various strips.

Bicarbonate of potash with iodide of potassium in peppermint water is a useful remedy; rhubarb pills for costiveness.

The pains in the bones, tendons and muscles are due to a slight inflammation and deposit of matter in the fibrous membranes surrounding the bones and muscles, making the whole body ache and feel stiff.

The three great features of dealing with general rheumatism are—to use mild stimulating remedies; to wear flannel underclothing in such a manner that bodily heat is not evaporated; to avoid chills and draughts; to take alkalies and warm tonics, or a mixture of sulphate and carbonate of magnesia with colchicum wine.

Nothing is so much to be recommended as warm nourishing food and drink, and nothing so much to be avoided as wet and damp weather and inflammatory food and drink.—*Food and Health.*



HOOPING COUGH.

A recent writer remarks that the miasma which engenders this pathological condition is inhaled through the bronchial mucous membrane, and comes in direct contract with the periphery of the nerves; acts as an irritant; this irritation is propagated to the seat of reflex action; impresses the nervous tissue with irritation; hence the spasms; and its impress is seldom wiped out by the vital forces of the patient earlier than six weeks or two months, unless it is effaced by bromide of ammonia, or potassa, or macrotin, or stramonium.

SPECIFIC MEDICATION.

By A. L. Chase, M. D., Randolph, Mass.

READ BEFORE THE MASS. ECLECTIC MEDICAL SOCIETY.

In selecting this topic for discussion today I do so knowing full well that it is a subject with which most of you are quite familiar; yet it is one that there is no danger of any of us becoming too well acquainted with, for as a general thing we are rather apt to pass it by with too little thought. In the first place I shall take it for granted that you will all admit that every remedy acts either upon some function or structure, and that like causes always produce like results, so that if we learn that any remedy will produce a certain effect in a certain pathological condition then we may be assured that the same remedy will produce a similar effect in any other patient provided we give it under the same conditions of the system; and from this we would learn a very important fact, viz: that we should try to find out the pathological condition existing in disease, and if once fully made out and understood and we have found the remedy that corrects that condition, we have found the remedy for all similar pathological conditions; so in order to study specific medication as we should we ought to give especial attention to pathology, and also to the *Materia Medica*, for in these are contained the grand secret of specific medication. Now in reading in our *Materia Medica* of any remedy, we find that it says this remedy has been used in this or that disease, but does not point out any particular condition for which it was prescribed, or has been recommended. Now this seems to me to be a very vague and indefinite way to speak of any remedy, and one well calculated to mislead the young practitioner, if it does not many times the older members of the profession.

It seems that we can find authority for using almost any remedy in any disease that we like, but that does not prove it would be beneficial to our patient, and in many cases we would find it quite the contrary.

In order that we may best study this subject, I would ask, what is specific medication? What has it for a foundation? for, if it is a science, it must have something upon which to build its superstructure. And lastly I would ask, in what way can we best investigate this branch of medical science?

By specific medication, we mean *direct* medication; or in other words a practice that has a direct object to attain,—a practice in which we aim directly at the thing we wish to accomplish, and not “fire into the bush,” anticipating that in so doing something will fall; it may be what we aim at, and it may not; for if we follow this shot-gun practice, we may be sure something will fall, but our patient will be fortunate if he does not fall into the hands of the undertaker. No! This kind of practice is empiricism, and that in its worst form. To be sure the greater part of medicine was originally empirical, but admitting this, it does not follow we must all be empirics; for by using the means placed within our reach we can learn from the experience of others, and thus by compiling these facts, do away in a great measure with empirical practice.

What is the fundamental principle upon which specific medication is based? To sum it up in as few words as possible it is *specific diagnosis*. This is the grand principle upon which this direct practice is based; the man who cannot practice this, who is not a correct diagnostician, can *never* practice specific medication successfully, and to such I would say, do not try this practice, as you will do less injury by using *placebos*, than if you endeavor to use the sharp instrument the man does who practices specific medication, for the remedies known as specifics are powerful for good or evil; a man must be quick to discriminate and of good judgment, in order to correctly diagnose the many cases which fall under the eye of the general practitioner.

In order to study specific medication to the best advantage we should keep the fact ever before us that every remedy acts directly upon some particular organ, although with our present knowledge of their action, we may not be able to

point out the particular part or organ upon which they act, but because we have not arrived at this point, have we any authority for saying such action does not exist and will never be discovered? I think not; for already we can point out the especial action of many of our remedies. In the next place let us remember we have no specifics for this or that disease, according to our present nosology, the man that looks at specifics in this light will turn in disgust from this practice saying, "there are no specifics," and very surely there are none that we can use in this way. Then we will start fairly with the understanding that there are no remedies of which we can say, "here is a case of scarlatina, and this remedy is the one which cures all cases of this disease," or "here is a certain remedy for erysipelas, and that every case will yield to its influence." If we attempt to study specifics in this way we will soon throw the whole list away exclaiming, it is nothing but a delusion! But I hear some one asking what is meant by specific medication if this is not its meaning. I will try and tell you, and also how it can best be studied. In order that we practice medicine specifically, we must divide disease into its component elements, and after having so divided it, ask ourselves which of these elements stands first; and when we have decided this question, endeavor to remove that which is first in the chain of morbid action, and that which stands second, and so on. As, for example, we analyze a case of fever and find it to consist of a lesion of the circulation, of innervation, of secretion, of the blood and of nutrition; each of these is regarded as a distinct element of the disease, but in the order named the one dependent upon the other to a certain extent. A remedy that will rectify the lesion of the circulation, will sometimes be sufficient to arrest the entire chain of morbid phenomena, as we notice in the simple fevers; a remedy that will correct the lesion of the blood (this being primary and the cause of the various morbid processes,) will be a specific for all, as when quinine arrests an intermittent or remittent fever.

When studying this kind of practice in this way we find a great deal of work to be done, for we do away with the old routine practice entirely. We say, "here is this disease, upon what does it depend?" Having ascertained this we seek to remove that which stands first, then the next and so on. We

will find many different diseases which present similar pathological conditions, and this is another thing we should always bear in mind; for if we find a remedy which will remove one of these pathological conditions in one disease we shall find it will remove the same condition in any other disease, no matter where we may find it, or what the disease may be called. This fact is a very important one and well worthy our consideration, as it serves to assist us in the study of specifics.

To sum up our belief in regard to specifics, I should say we have specifics for certain pathological conditions, but none for this or that disease, and although every patient wishes the physician to tell the name of the disease with which he is afflicted, yet further than this it does not matter whether we give it a name or not, and if we should attempt to treat the name of the disease, (as I believe is often the case) it would be far better for both the patient and ourselves if we were to ignore the name altogether and watch the case carefully.

Watson says, and very truthfully too, "the forte of the physician in many instances is to watch the patient and try to obviate the tendency to death." I think this fact is sustained by statistics as we find they prove that the greater proportion of the diseases we treat will recover if we take good care of the patient and not give any medicine. Now if this is a fact (and I think every intelligent physician will bear me out in saying so) it should teach us to be cautious in the selection of our remedies and use those only which will assist Nature in throwing off the malady with which she is struggling, and never compel her to carry the physician and the disease at the same time, as is often the case.

I will enumerate a few of our specific remedies to illustrate the manner in which we make our selections. Aconite, for instance, is indicated where we get the small, hard and rapid pulse and in inflammation of serous tissues, and as this is the character of the pulse in the majority of febrile diseases of childhood, I would set it down as the child's sedative.

Veratrum Viridi should be selected where the pulse is full and bounding, and is especially indicated in plethoric individuals.

Gelseminum, where there is the flushed face, bright eyes, and contracted pupils.

Belladonna, where the face is pallid and a tendency to coma or capillary congestion.

Baptisia Tinctoria is specific in obstinate cases of diarrhœa where the discharges look like the scrapings of meat. So I might go on enumerating, but enough has been said to point out the manner in which we would select our remedies, and believe this to be the only way in which we can pursue a rational practice of medicine.

We hope that each one will investigate this subject, and prove all things holding fast to that which is good.



A PLEA FOR THE PHYSICIAN.

By J. Atkinson, M. D., Homer, La.

(The following article appeared in the November number of the "Medical Brief," and the positions it assumes being, in our opinion, the correct ones, it is worthy of the most extended circulation that it can receive. It is especially commended to non-professional readers, and as we have many of that class who read our Journal we believe the article will be perused with interest, and therefore give it the benefit of our circulation.—*Ed.*)

The calling of a physician is a laborious one, and one involving a great deal of exposure and irregularity of living. While the work of other men ends at the setting of the sun, the labor of the physician is never done. While others are sleeping comfortably in their beds, the busy practitioner is making his lonely rounds or watching anxiously at the bedside of his patient, fighting back the grim monster at his own hazard. Our avocation knows neither night nor Sabbath.

When an individual decides to practice medicine, he sur-

renders all liberties and personal comfort and privilege. His is, henceforth, a life of toil and self denial. Others may take their recreation, and enjoy their vacation and "æstivations," but the physician must forego all these, and labor on in the monotonous routine of professional duty and privation. He knows not at what hour his services may be needed, and his patron and his business suffer by his absence.

Ours is, too, an unthankful calling. Physicians, as a rule, are not appreciated. They are made exceptions to all general rules. They are the only class of men who are expected to labor for nothing and furnish themselves. The world thinks and speaks harshly of the doctor who refuses to visit and treat the man who is known to be "not good for his contracts." Why should physicians work for nothing more than other men? It is forgotten that the responsibility in such cases is upon the party who by his conduct has made for himself the reputation of a spendthrift or a bankrupt.

All things considered, physicians are the most poorly remunerated of all men. Is it worth nothing to spend years of study and research in preparing one's self for the duties of his calling, and then take his life in his hand and go forth into danger, and often into the very jaws of death? Suppose you should be in search of employment. A gentleman offers to engage you, but informs you that you are to rise at the hour of midnight and go to your work, if he sees proper to call you up at that unseasonable hour; that you are to labor on through all inclemencies of the weather, and that you are to have no regular time for refreshment and sleep; that there is to be for you no peaceful, quiet Sabbath for rest and devotion. What should you charge for such services? And yet these are the trying conditions under which the physician labors, and frequently for a mere pittance. How often is it the case, also, that the physician goes home and sows the seeds of disease and death in his own beloved family circle. When epidemic contagion sweeps the country, and the black wing of the messenger of death is flapping over the continent, it is considered perfectly in order for every one else to "pack up" and run away, "nor stand on the order of his going," but the physician is expected to stand upright, on both his feet, his face square to the front, and brave the danger.

MEDICAL ELECTRICITY.

Electricity is an agent which is doubtless destined to attain a much higher position than it at present holds, as a medical remedy, in the treatment of various diseases. It will be taken out of the hands of charlatans and showmen, whose knowledge does not extend beyond the ability to shock or shake the person who is willing to pay five cents "for the fun of the thing," and it will become what it was really intended to be, a medical agent, to be used as such, and only administered by educated heads and skilful hands. It is a remedy that is not half enough used, considering its usefulness in, and applicability to, so large a number of diseases.

It is not proposed in this paper to enter into details concerning electric, galvanic, or magnetic action, but rather to speak in general terms of the thing itself, *electricity*, and not particularly as to the manner of inducing the current. In its effects upon the human system it may be strictly considered, we presume, a nervous excitant and stimulant. Herein lies its power to impart benefit, for that agent will surely do so that possesses the power to increase the circulation of the fluids, and increase the animal secretions and excretions. This, it is claimed, it will do.

Dr. Watson says that "electrotherapy is an advancement comparatively new, though of great importance, as a part or branch of Medical and Surgical science. Electricity he adds, is a grand means of diagnosis in our hands, that unerringly points out the afflicted parts. In female complaints, continues the same writer, electrical treatment has done wonders not only for my patients, but in Guy's hospital electrical treatment is relied upon as a primary and almost an exclusive remedy.

This agent can of course be administered in different ways. The most gentle is under the form of a continued stream, derived from a wire, or pointed piece of wood, con-

nected with the prime conductor, and held at a short distance from the point to which it is to be directed. An impression is felt similar to a current of air; and in this way it may be borne by parts of great sensibility, such as the eye. Another method is by directing sparks of various sizes to the affected part, by means of a metallic ball at the extremity of a brass rod, which is within a moderate distance from the part; or by drawing sparks from the patient while upon an insulating stool.

Electricity, in the hands of medical men, has proved highly beneficial as a curative agent, and it is the object of the present paper to awaken an interest in this agency by briefly noticing some of the diseases in which it is recommended, and wherein it has been said to act with the happiest results.

ASTHMA.—Dr. Max Schaeffer recommends the induced current for cutting short an asthmatic attack. According as the seat of the disease appears to be in the higher or lower parts of the nerve, he applies the electrodes to both sides of the neck, under the lower jaw, about three-quarters of an inch in front of its angle, or opposite the thyroid cartilage in front of the sterno-mastoid. The currents must not be too feeble. He says the patient must clearly perceive that the current goes straight through the soft palate or through the larynx. When the attacks are violent the current should be applied for a quarter of an hour at least twice daily. As recovery takes place the applications may be shortened until they are made only once or twice a week.

Dr. Richard Schmitz reports a case of asthma of eight years standing. He says, "at the time the electrical treatment was commenced, the patient was suffering from a severe attack which had resisted all the ordinary methods, and had compelled him to sit for three days and nights without rest. Each attack was preceded by a catarrh, which successively invaded the larynx, trachea, and bronchi, and it was thought that the swelling of the mucous membrane of the respiratory track might have involved the vagus in its course, and it was therefore considered necessary to direct the induced currents to the nerve. The electrodes were applied over the alæ of the thyroid cartilage, and internally to the sterno-mastoid; the current, at first weak, was gradually strength-

ened. The sitting lasted nine minutes, and the patient was so relieved by it that he was able to sleep during the greater part of the night. On the next, and succeeding days, two more sittings a day were given, of five minutes duration each. The good effects continued, and after twelve applications, the patient was freed from the attacks of oppression, and from the *rales* which embarrassed his breathing." From this experience the doctor concludes that the induced currents are useful, if not in alleviating the affection itself, at any rate in its most painful manifestations, and its effects should always be tried in obstinate cases.

Dr. Wilson Philip in a paper read before the Royal Society of London, advocated the use of electricity in asthma. He transmitted its influence from the nape of the neck to the pit of the stomach, and in a trial of it in twenty-two cases, he gave decided relief.

CHLOROSIS.—In reference to this trouble, Dr. Hooper recommends among other remedies, electric shocks passed through the region of the uterus.

Dr. Buch admits that electricity is valuable as a stimulant for rousing up uterine action, and is attended with success after a specific treatment has been thoroughly employed.

PAINFUL MENSTRUATION.—Under this head we was recently reading the report of a case where the patient was described as being annoyed with a cough, much emaciated, exceedingly nervous, and her sleep much disturbed; bowels somewhat constipated, digestion imperfect, and circulation languid. Other very unpleasant symptoms were present, not necessary to detail. She had been treated by four different physicians without benefit. The writer having supposed that all the usual remedies had been exhausted, goes on to say,—I began with electricity in comparatively mild currents, every day the first week, and every other day the second week. At the end of three weeks improvement was very apparent, and no relapses occurred. He concludes by saying,—I treated the case three months, and the curative powers of electricity worked the cure.

SUPPRESSED MENSES.—Dr. McDonnell of Montreal says when speaking of the excitants directed more immediately to the uterus, "more benefit is derived from an uninterrupted and steady transmission of a moderate current than from occasional shocks of great intensity."

NEURALGIA.—Dr. Jones, in an article upon this disease, says, “I have seen very good effects from electricity in the treatment of very obstinate cases of this disease. Indeed, I know of no treatment at the present day which is so reliable in curing this affection as electricity, when properly applied.” Another writer speaking of neuralgia, and the application of electricity, says, “this agent has proved quite efficacious, removing some varieties of it in two or three applications.”

PURPURA HEMORRHAGICA.—In this disease Dr. Hess thus describes his patient: The maculæ appeared on her arms, chest, thighs, and in some places the patches were so large as to appear like bruises. She had occasional epistaxis; cold arms, legs and feet, and this in the hottest weather. Appetite capricious, bowels constipated; she was of slender form and much emaciated. Internal remedies had proved vain, and he tested the efficacy of electricity. The first week he gave three applications, the second, third, &c., two applications. He commenced with mild, general applications, increasing the strength of the current at each visit. The results were most gratifying. The circulation in the lower extremities improved perceptibly; the color of the body became more natural. The same treatment was continued for six weeks. Her appetite became exceedingly keen, bowels regular, the effects of the applications were invigorating, and the electrical treatment worked a cure.

SUSPENDED ANIMATION.—In these cases the use of electricity has been highly extolled. The shock may be passed through the shoulders, or through the chest in any direction, to arouse the respiratory muscles to action.

Dunglison remarks on this point that “the effect of electricity on the functions of sensibility, and muscular contraction could not fail to suggest it as a means of restoring suspended animation.”

CHOREA.—Drs. Addison and Bird treated thirty-six cases of this affection by electricity, twenty-nine of which were said to be cured. The agent was employed in the form of sparks taken in the spinal column, every other day, for about five minutes each time, or until a papular eruption appeared, which is often excited by the remedy in this form.

RHEUMATISM.—It has certainly proved highly efficacious in rheumatism proper; but in the form of Sciatica it has in

many cases acted like magic. We have an instance of its good effects in one case of sciatica, concerning which we will let the patient speak for himself. He says, "after having tried various remedies with little success, I was anxious to try some other remedy, and I determined on electricity. I received the electric sparks on the parts affected every night and morning for fifteen minutes each time. I was very sensibly relieved from the first application of it, and by the end of one week materially benefitted, and after using it three weeks, entirely cured. He concludes by remarking, I am happy to say it answered my most sanguine expectations."

CONSTIPATION.—Electricity has proved very serviceable in many cases of constipation. When employed in such case, the current should be conducted through the rectum, care being taken to employ it gently, but repeatedly; the object being rather to restore the action of the bowels by small but successive doses of the stimulus, instead of attempting to dislodge the impacted contents by one powerful application.

NERVOUS HEADACHE.—In this trouble electricity has been highly praised by some physicians, and condemned by others. The brain it is said, cannot be acted upon to any considerable extent by the induced current, or by reflex action. Professor Hammond however, advises alway the constant current, being careful to avoid too great intensity.

PROGRESSIVE LOCOMOTOR ATAXY.—We have little to offer in connection with this disease further than to state that Dr. Lambert of Canada recommends the use of this agent.

LOSS OF THE SENSE OF TASTE AND SMELL.—Dr. Rockwell narrates a case of this kind in a young lady, of ten months standing. The supposed cause was a sudden severe attack of influenza, followed by fever, which resulted in the loss of the sense of taste and smell. All the gustatory fibres involved. To the influence of the galvanic current the functions of the nerve responded, but faintly at first. After two or three applications the peculiar metallic taste of the current was quickly and distinctly appreciated, and in about two weeks the lost function was quite restored, and remained with all its natural acuteness.

INDOLENT ULCERS.—With regard to these, Dr. M'Taggart says, "electricity has a most marked effect, and has been remarkably successful as a cure. Under the use of this

remedy, a rapid growth of granulations and sound cicatrization of the most obstinate ulcers will take place. The remedy is rapid, has no detracting contingency. The ulcers are readily aroused to take on a sound healing condition, when all other means have failed."

PARTIAL PARALYSIS.—The efficacy of electricity and electrogalvanism in this affection has been highly extolled. Dr. Bird practiced electricity when the paralysis affected the hands chiefly, in the form of sparks drawn from the upper part of the spine.

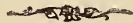
That there are many other diseased actions which might yield to the influence of electricity there is little doubt, and evidences of the fact may be somewhere upon record, had we time to search for them. But it was by no means intended to make the present paper in any sense exhaustive, but simply to call attention to the fact that we possess an agent of powerful curative tendencies, but little used, and not sufficiently understood. In almost every community individuals are advertising themselves as electricians, and presuming to heal, or treat at least, complicated diseases, who are ignorant, if not of the instruments they handle, at least of the agent they evoke, and likewise of the structure of that more complicated machine, the human body, with which they so fearlessly tamper. That the subject of electricity in its several forms, and its great value as a curative agent, should receive greater attention from all educated medical men, there can be but one opinion. In this paper we have but skimmed the surface, but we trust that even this may be sufficient to awaken an interest, and serve to press home the fact that electricity, in the hands of the enlightened and judicious physician is not only a powerful, but frequently an effective agent in the alleviation and cure of disease.

In concluding this brief and very imperfect paper, allow us to call your attention to an essay, entitled "Electricity in Therapeutics," read or presented by Dr. J. T. Kent of St. Louis at the session of the National Eclectic Medical Association, and published in their "Transactions," Volume 8, 1880-1881. It is an essay that will well repay a careful perusal, and as a specimen of its character, a few brief extracts will be sufficient to establish its interest. He says, "the tendency at the present is to employ it indiscriminately,

with little regard to collateral facts, or even knowledge of them." Again, "electro-therapeutics has been so much disgraced by mountebanks and by even practitioners advising the family use of electric machines, that it is only of late that a physician has had the courage to announce himself competent to manage an electric apparatus for fear of being denominated an Electrician. Like all useful and potent agencies that have been found worthy of being retained, its career has begun with a period of odium and reproach. In scientific hands, it is in its infancy."

On another very important point in connection with this agent. he says—"In all other branches of medicine and surgery, it is contemplated that a competent professor should be engaged as an instructor; but the vast field of electro-therapeutics is permitted to remain, with few exceptions, under the supervision almost the equivalent of charlatanism, so that it remains largely a means through which mountebanks swindle a confiding public." Again, let us cordially commend this essay on "Electro-therapeutics" to an attentive perusal.

B.



FROSTWORT IN CANCER.

The world is flooded with cures for cancer, and if all of them were collected and printed they would make a huge sized volume. Here is one more to be added to the sum total. In speaking of the medicinal virtues of "frostwort," he uses the following positive language. This plant is a never-failing cure for cancer. It thoroughly eradicates the specific virus from the blood, which causes the disease. The compound fluid extract is the best form. This remedy renovates the entire human organization.

THE CHOLERA.

The *Sanitary Engineer*—one of the ablest of the professional and trade journals of the country, and not in the least given to sentimentalism—sounds a note of warning with regard to the spread of cholera in Japan, Egypt and Arabia, and the possibility that the dreaded scourge may find its way into this country through some of our ports. Our commerce with Japan and other countries of the Orient is constantly increasing, and any of the vessels which touch at our Pacific ports might bring with it the germs of the disease. Our Atlantic ports are exposed to a like peril from vessels which come hither from the Mediterranean. There are conditions existing in some of our large cities which would be specially favorable to the spread of the pestilence, if it should once obtain a footing. In New York, the death rate has for some time been abnormally and alarmingly high, and contagious diseases in one form or another are spreading so rapidly that the Health Board has issued a special appeal for the assistance of physicians. In Jersey City, the health authorities are overwhelmed and almost helpless by reason of the spread of contagious diseases, and in Brooklyn also diseases of a malignant type are prevalent. These facts would seem to indicate that the cities in question, and others probably, are, for one occult reason or another, in a condition of special receptivity. There is nothing in the situation to call for alarm, but it is the clear duty of the health authorities in all our seaboard cities to enforce rigidly the quarantine regulations, and to do everything in their power to promote the sanitary condition of the community. This last is indeed always a duty, but it is quite commonly neglected until some impressive emergency arises. A shockingly large proportion of the mortality in all our cities is from diseases which science classes “preventible,” and yet does very little to prevent. It is not worth while to wait until pestilence knocks at our gates before setting our cities in order.—*Boston Journal*.

GANGRENE AND SLOUGHING.

In all external wounds, says Dr. Polli, in sloughing, gangrene, and ulcerations, the application of the sulphites, or hyposulphites of soda or potass are useful in destroying any putrefactive tendency, and exciting healthy action. One part of sulphite of soda may be dissolved in five or ten of water, and frequently used as a lotion, or on compresses of wet lint.

MORE ABOUT VACCINATION.

The Society for the abolition of Compulsory Vaccination held a conference recently in London, which was largely attended by medical men and sanitarians. The chair was filled by Mr. J. Passmore Edwards, member of parliament for Salisbury, and the proprietor of the *Echo* and other well-known journals. He denounced the tyranny of the laws which subjected parents to repeated fines and imprisonment because they did not comply with what they believed to be a mischievous medical infliction. It was shown by Mr. William Tebb that the movement against compulsory vaccination, both in England and on the Continent, had made gigantic strides during the preceding twelve months, and that the International Vaccination Congress, held in Paris, led to the rejection of M. Lionville's bill for making vaccination compulsory in France. It was hoped by the same speaker that the international congress recently held at Cologne, at which eight nationalities were represented by forty delegates, would cause the repeal of the vaccination acts in Germany. The following was adopted at the close of the meeting:—

“Resolved: That in view of the confusion of opinion which prevails amongst medical authorities when the subject of vaccination is discussed, it is unwise, impolitic and unjust to enforce it; that such enforcement retards all improvement in the treatment, and all discoveries for the prevention of small-pox; and that all compulsory legislation with regard to vaccination ought to be repealed.”

A MEDICAL MISSION.

At Jaffa in Palestine there is a growing medical mission, which was started about three years ago by an English lady who was working among the women there and who became impressed with the sore need of the sick poor. At her own expense she hired a house, engaged a qualified doctor from Beyrout, who brought with him a supply of drugs and started at once a medical mission. The number of patients applying soon overwhelmed her, and she went to England to seek for helpers, returning with a young lady. A larger house was taken and the old work was continued, and up to the present time some thousands of patients have been relieved. The cost of the mission has been defrayed by these ladies, assisted by some of their personal friends. Two other ladies have now joined them, and it is proposed to erect a large and suitable building in which to continue the work. For this purpose a desirable site, now available, is about to be secured. —*Transcript.*



CHLORIDE OF ZINC LOTION.

Surgeon C. de Morgan says, the discharge from a wound, whether the result of accident, or surgical operation, usually decomposes whenever covered, even for a few hours, as evidenced by the peculiar sickly smell. If, however, the wound is well bathed with a lotion of twenty grains of chloride of zinc to an ounce of water, this is prevented, and the wound will frequently heal by the first intention, without pain, swelling or discoloration.

MORPHIA MANIA.

A New Vice, and What it Leads to.

It is full time that the serious danger of indulging in chloral, morphia, and other such drugs should be understood. To a woman of refinement these methods of obtaining the desired immunity from self are repulsive. She resorts to them reluctantly and by slow degrees. There was, till recently, no other way, but now the downward path is made very easy. First, the inventor of chloral smoothed the way, unconsciously, but surely. A woman who would have shuddered with genuine horror at the idea of drinking too much wine, thinks little of taking repeated doses of chloral. Women think so much of the look of a thing. A brandy bottle on their dressing table would be too horrible. But the small, innocent-looking little phial so constantly in demand?—that is thought nothing of. And yet the brandy bottle may be the safer of the two. For the very reason that it represents a more degraded form of vice, it is safer than the small flask which the chemist sends so daintily wrapped in white paper, sealed with wax, and labeled “Poison.” A thousand womanly instincts and feminine fears drag her back from the former. The physician whom she trusts and all her dearest friends urge her towards the latter.

But chloral is an old story now. We see a woman lolling languidly in her carriage, in her box at the opera, or even at her own table, with a filmy, dazed look in her eyes, an absent manner, and a half-unconscious way of listening and replying to those about her. We at once account for it: “Chloral.” We see a man who was once the incarnation of life and energy, brisk in business, intellectual, cultivated. We see him dulled, nerveless, his brighter self effaced, his intellect flickering like a dying light, his business faculties dwindling,


slovenly in mind as well as person, inaccurate in statements, and careless as to linen; we say: "Chloral." It has become an accepted fact, a recognized doom for a certain percentage of our acquaintance. It is an old story. Something fresh was demanded, and in response to the demand a new vice was invented.

When physicians discovered that pain could be subdued by inserting under the skin a small pointed instrument provided with a tube containing morphia, they little thought that they were paving the way for a new vice. Yet so it was. There are, in our merry England, beings who are as wholly under the domination of morphia as ever was Chinese under that of opium. Women have yielded by degrees to its fatal fascination, until at last they prick the skin a dozen times a day with the tiny syringe that has such terrible results. The operation is almost painless; the immediate effects pleasant. A delicious languor supervenes. Happy thoughts and bright imaginings fill the mind. Some see beautiful visions, others feel only a pervading sensation of comfort and well being. On a few the effect of morphia is to excite to some intellectual effort, if effort that can be called which is pure delight, a glorious feeling of untrammelled power, of uncrippled exercise of the highest faculties. It is as though the mind had suddenly developed wings. But at the very height of the enchantment the influence of morphia begins to subside. The glory fades. The wings trail, and the feet that are their sorry substitute become weighted as with lead. As with the workers, so with the dreamers. The visions are obscured. The sensation of comfort gives place to one of discomfort, irritation, even pain. The mental vision that had just now looked through a rosy mist sees all things as through a crape veil or a November fog. Can it be wondered at that the dose is renewed, that the poison is absorbed again and again, that the intervals become shorter and shorter between the reign of the potent drug?

And the end? The punishment is terrible indeed. By degrees the mind becomes darkened. Hideous hallucinations seize upon it. Self-control is lost. Imbecility overtakes the weak. Madness threatens the strong.

These are the personal consequences. There are others to be bequeathed to sons and daughters and later genera-

tions. These can be guessed at. The new vice has not reigned sufficiently long for the world to have seen them exemplified, but a dark array of possibilities suggests itself but too readily. The heritage of insanity, of inebriety, of imbecility, will in future be traced back to those tiny tubes which hold but a drop or two, and to which men once looked as to a blessed means of relieving pain, forgetting that blessings and curses go hand in hand in a crooked world. Dipsomania has now a powerful rival, speedier in its results than its own revolting process, and eventually as degrading. The name of the latter born sister fiend is morphomania.—*London Truth.*



MENTAL ABERRATION.

Statistics which have been compiled in England reveal some curious facts relative to the extent of mental aberration among the members of various professions and callings in that country. Last year among 5234 civil engineers, twenty-four were admitted to madhouses; of 5804 painters and sculptors only sixteen went (visibly) mad. Of architects, contractors and examiners there are 32,000 established in England. Of these only twenty-five "suffered." The clergy of the Established Church, 20,694 in number, furnished thirty-five lunatics. Of 139,143 authors, journalists, reporters and translators, male and female, only twelve became permanently insane. Of 234,778 masons, bricklayers and stonecutters 145 men lost their reason. Of 106,824 painters, glaziers and paper stainers 132 also did. Of 205,624 carpenters, 174 suffered mental alienation. We shudder to think what statistics for this cranky year, 1881 would reveal in the United States.--*Globe.*

STATISTICS OF SMALL POX.

[Much is being said at the present time in regard to vaccination and anti-vaccination, and as all information touching small pox is possessed of greater or less importance, we give the following article as the latest information upon the subject, for the benefit of whom it may concern. As a difference of opinion exists in regard to vaccination, this article may prove interesting.—Ed.]

The great prevalence of small pox in many parts of the United States is receiving much attention in medical circles. At a meeting of physicians in St. Louis, lately, one of the practitioners who has visited London and inquired particularly into the results of vaccination, said that it is now made compulsory that all children be vaccinated before they are three months old. At the small pox hospital at Highgate 36 per cent. died of those who had not been vaccinated—that is, one in three—while only one in fifteen died of those who had been vaccinated. At the Hammerton Small-Pox Hospital the percentage of deaths is 8.6 in vaccinated persons, but in unvaccinated it is 37.8. In the British army, scattered all over the world, and consequently exposed to great risks, but protected by vaccination, only one in 1000 is attacked with small pox, and less than one in 10,000 dies. In Sweden, forty years before vaccination, out of every 1,000,000 persons 2050 died annually, but after vaccination only 158. In Berlin, before vaccination, 3422; after, 176. In Paris, before vaccination, 80 out of every 10,000 people, but after only 14 to 16. He stated that the protective condition of vaccination is in direct proportion to the number of well-marked scars (cicatrices) to be found on the arm. These statistics prove the efficacy of vaccination, and it is a matter which parents should not fail to take notice of, because no one can tell how soon the small pox may be raging in our midst.

THE EYE.

The eye is preserved in the convenient form of a sphere or ball by the simple device of having its interior cavity filled with liquid, which prevents the limp and otherwise flexible coats from puckering up into any irregularity of shape. It is like a bladder distended with water, which is firm and tense on account of the contained liquid being so shut in by the membranous wall that it cannot escape anywhere from the tight grasp in which it is held. There are, however, in the interior of the eye, two quite distinct chambers in which the liquid is distributed, one in front of, and one behind, the crystalline lens. The lens hangs, as it were, in the midst of the liquid. The portion which is in front of the lens is little more than a very weak aqueous solution of salt, and is on that account termed the aqueous humor of the eye; the portion which is behind more nearly resembles a solution of white of egg. On account of this somewhat thicker consistency it is termed the vitreous or glass-like humor. Both humors, however, exert very nearly the same influence upon the vibrations of the light, and the optical part of the eye thus comes to be considered as composed simply of two refracting parts—the denser lens and the thinner humors. The iris is loosely suspended in the aqueous humor in front of the lens, so that it has the water-like liquid bathing both surfaces, and thus enjoys the same ready freedom of movement that it would possess if it were simply immersed in water. The humors of the eye are supplementary aids to the image-forming capacities of the lens. But they are only subordinate aids, as their influence in this particular is comparatively small. For simplicity's sake the crystal lens and the associated humors may be looked upon as together constituting one single lens, and the visual power of the eye in reality depends upon three curved surfaces

which are found in the combination of humors and lens—the front surface of the globe, or cornea, upon which light in the first instance strikes as it enters the transparent media of the eye, and the front and back protuberant surfaces of the crystalline mass itself. The position of the definite image within the eye is determined by the form of these surfaces, taken in connection with the density of the crystalline substance and its associated humors.—*Edinburgh Review*.



AMMONIA IN PULMONARY DISEASES.

At a meeting of the Royal Belgian Society of Medicine, M. Melsens presented a memoir on the therapeutic applications of ammonia, its salts or its complex compounds, requesting that a committee be appointed to examine into the value of his conclusions relative to this question. M. Melsens' communication discusses the applicability of ammonia and its compounds to diseases of the respiratory organs. He concluded, from the fact phthisical patients are benefitted by inhaling the vapors of carbonate of ammonia emanating from stables, that the continuous and moderate inhalation of that salt would be efficacious in other pulmonary affections. He accordingly made the experiment upon himself during an attack of bronchitis, by wearing in a bag attached to his shirt several pieces of ammonia carbonate. Having been completely cured in a few days by this treatment, he subsequently employed it in his practice, with uniform good results. He also applies the remedy directly to the respiratory passages, by means of the spray, with equal success.—*Scientific American*.

ANCIENT REMEDIES.

The remedies hereinafter named are very old, that is, many of them are, and some few of them are still in use. They must possess to some extent the virtues claimed for them, or they would not have maintained their hold upon the profession the many years they did. Scammony was employed as a purgative by the ancients; Hippocrates recommended it highly. Colocynth was also one of the most ancient purgatives; it is mentioned by the Greek and Arabian physicians in their writings as a powerful and valuable cathartic. This agent and Scammony, enter largely into the pills of the present day, made and sold as bilious pills. Hellebore is among the most ancient articles of the *materia medica*. Ctesias, who lived in the time of Plato, and before Hippocrates, speaks of it as a medicine of important virtues. Belladonna was noticed by a medical writer as early as 1532. It is thought to be the "insane root" spoken of by Shakespeare. It is still retained in the *materia medica*. Aconite, introduced by Baron Storck at Vienna, in 1762, is still in use. So also is aloes; used by the ancients and mentioned by Celsus. Ergot which is in such common professional use, was known as a remedy among the ancients. Fern was in use among the ancients as a vermifuge. Nux Vomica was known to the Arabian physicians, and still holds its place among modern remedies. Opium was known to, and used by Hippocrates. Iodine was introduced about 1820. Creosote was introduced by Reichenbach in 1830. Ammoniac, Cantharides and Flagroot were in use in the days of Hippocrates. The ancient Greek physicians were familiar with Squills, and those of Arabia with Cubebs, Senna and Hyosciamus. The physicians contemporary with Hippocrates were familiar with the medicinal virtues of Saffron, Ginger, Coltsfoot, Galbanum and the Garlic. We might enumerate other ancient remedies, had we the time to look them up, but sufficient has been

presented to show the antiquity of many of the medicines which are now in use by the profession. But most of these are gradually slipping out of the catalogue to make room for the concentrated and more efficient remedies that have been introduced by the more modern school of Eclecticism.



INTERESTING SURGICAL INVENTION.

Dr. Mikulicz of Vienna has invented an instrument for illuminating and inspecting the inside of the living human stomach. On November 5, he exhibited his apparatus upon which he has bestowed the title of "gastroscope," to the leading professors of the medical faculty at the Polyklinik, and performed some interesting experiments with it upon a female hospital patient suffering from chronic dyspepsia. It consists of a tube, fitted with a set of minute but powerful reflectors at one end, and connected at the other with an electric battery, by which a brilliant light is projected into the stomach requiring inspection. This tube was passed down the subject's throat, and remained there for full twenty minutes, during which time the Viennese professors were enabled to diagnose the condition of every part of the mucous membrane thus lighted up and revealed to their gaze. The gastroscope is considered likely to render invaluable services to the cause of electro-endoscopic investigation, which for some time past has been prosecuted with ardor by eminent Austrian pathologists.

MISCELLANY.

TEMPERATURE OF THE HEAD. Experiments before the English Royal Society show that mental activity at once raises the temperature of the head, and even when merely the attention is excited the same effect is produced, only in a less degree. If mere volition, therefore, wastes nerve tissue, one can see how very severe mental work is a drain upon the system, which calls for constant and careful hygienic living, if it is to be properly supported and continued.—*Herald of Health*

RHEUMATISM AND CLIMATE. A writer on rheumatism remarks that persons subject to this affection should avoid, if possible, living on damp clay soils, and seek sandy or gravelly loam soils. They never should sleep in damp rooms, but warm, sunny ones should be chosen. There are some places where rheumatism seems to spring up spontaneously like grass. Investigation would show the cause, which no doubt might be removed with half the cost of the doctors' bills and the loss of time the disease entails.

THE SUN'S HEAT. Pouillet has made observations with a pyrhelimeter, from which he estimates that the amount of heat annually received by the earth from the sun, would melt a crust of ice surrounding the earth one hundred and one feet thick.

SUNLIT ROOMS. No article of furniture should be put in a room that will not stand sunlight, for every room in a dwelling should have the windows so arranged that some time during the day a flood of sunlight will force itself into the apartment.—*Builder*.

MALLEABLE GLASS. One of the lost arts, which skill and science have for hundreds of years been making efforts to re-discover is the production of malleable glass.—*London Times*

MEMORANDA.

1815. Dr. John Ferriar died in Scotland, aged 51 years.
“ Dr. Benj. S. Barton died in Pennsylvania, aged 49 yrs.
“ Dr. John Warren died in Boston, aged 62 years.
1817. Dr. Peter Easton died in Newport, R. I., aged 51 yrs.
“ Dr. Nicholas Romaine died in New York, aged 61 yrs.
“ The plague raged at Constantinople.
“ The cholera at Jessore, India, destroyed 6000 in ten weeks.
1818. The typhus fever raged in Ireland.
“ The plague raged in Vienna.
“ The cholera prevailed in Madras.
“ Dr. Caspar Wistar, anatomist, died, aged 57 years.
“ Dr. Archibald Bruce died in New York, aged 41 yrs.
“ Dr. John S. Dorsey died in Philadelphia, aged 35 yrs.
“ Dr. Thomas Cogan died in England, aged 82 years.
1819. An epidemic fever was very fatal in Spain.
“ Dr. John Jeffries of Boston, died, aged 75 years.
“ Dr. Isaac Cathral died in Philadelphia, aged 56 years.
“ Dr. John C. Osborn died in St. Croix, W.I., aged 53 yrs.
“ Dr. Hugh Williamson died in New York, aged 85 yrs.
1820. Dr. James Anderson died in Maryland, aged 69 years.
“ The cholera prevailed extensively in China.
“ Dr. Ebenezer Hunt died in Boston, aged 76 years.
1821. An epidemic fever in Spain destroyed 350 daily.
“ The cholera was very destructive at Java.
“ Dr. Timothy Childs died in Massachusetts, aged 73 yrs.
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EDITORIAL.

Secretaries of Medical Societies and Associations will confer a favor if they will send us brief reports of their doings for publication.

It is announced that Iowa has inaugurated an Eclectic Medical College, which is to constitute the medical department of Drake University at Des Moines, Iowa. The first session opens January 10th, with a full faculty. We trust it will prove true to the principles of Eclecticism, and with this view we wish it success.

The Massachusetts Dental Society held its seventeenth annual meeting in Boston last month. Suitable resolutions were passed touching the death of Dr. Joshua Tucker; and several interesting essays were read. In the election of officers Dr. D. B. Ingalls, of Clinton, was elected President.

We have received a copy of the "Floral Guide," for 1882, which is a very pretty publication, and must prove very interesting and valuable to the cultivators of flowers and vegetables. The publication is decidedly practical, and also eminently useful. It contains especially two rich pictures, splendidly colored, one representing a cluster of "golden grapes," the other a "summer boquet," and both are finely executed artistic works. The "Guide" contains more than one hundred pages, double column, reading matter, and is filled with pictures of various plants, some pages containing more than a dozen illustrations. The work is issued by James Vick, Esq., Rochester, N.Y., to whom all orders may be addressed for the book, and also for a supply of seeds and bulbs.

We have received the "Medical News," for Jan. 7, 1882, which now appears for the first time as a *weekly* publication,

and will be so continued. It has a large corps of correspondents, the subscription price is \$5 a year in advance, and appears well. Its editorial columns say, "the columns of the *News* are open to the whole profession" . . . "and it shall be absolutely uninfluenced by any personal, school, or local interest; modeled on the highest type of weekly medical journalism, its scope shall be cosmopolitan and its character national." On such a platform all schools can meet, and in carrying out those professions we wish them success, and welcome it, if the publishers see fit, to our list of exchanges. It is published by Henry C. Lea's Son & Co., 706 and 708 Sansom street, Philadelphia, Pa.

Our Journal has safely passed the first year of its existence. The encouragement extended to it has been very hearty, all things considered, and we enter with fresh hopes upon the second year. Our advertisers have responded liberally, and we refer to them with pride as being first class. We have room for any number more who may feel disposed to extend to us their patronage. Subscribers have been in some instances slow to respond financially, and we trust that all old subscribers who are indebted to us will forward at once, renew their subscriptions, and that they, as well as new ones, will bear in mind that the terms are \$2 a year in advance. It will be our aim to keep up the standard of the Journal, and improve upon it as fast as possible. Although Eclectic in principle, we at the same time claim to be liberal, and welcome well written articles from members of either medical school.



WAYSIDE GLEANINGS.

The use of absinthe is said to be increasing in London, and a leading physician remarks that its excessive use brings on epilepsy, paralysis. and sometimes death.

Dr. Joshua Tucker, well known in Boston as a dentist, and for a number of years associated with Dr. Harwood, died in Winchendon, Mass., aged 82 years.

Dr. Henry P. Phillips died in Adams, Mass., aged 74 years. He was one of the oldest members of the Berkshire County Medical Society.

Dr. Benjamin Rush regarded debility as the predisposing cause of nearly all the diseases of the human body.

In Japan there are one hundred and fifty-nine hospitals where patients are treated on the principles of western medicine. Vaccination is compulsory and performed gratis. At Tokio there is a large medical school with German professors.

Dr. D. W. Prentiss, of Washington, D. C., gives an account of a remarkable change in the color of the hair from light blonde to black, in a patient while under treatment by pilocarpin, the case being one of pyelo-nephritis; the other being a report of a case of membranous croup, treated by pilocarpin, in which there was also a slight change in the color of the hair.

The Committee on Hospitals has decided to recommend that homœopathic physicians be admitted to practice in the hospitals of Chicago on the same terms as allopaths.

It is recorded that the ancient Egyptian physicians were paid by the state. There is many a modern doctor who would rejoice to have such a paymaster.

A Belgian physician has ascertained, during a tour of observation and inquiry made at the request of the government authorities, that the very general use of tobacco is the main cause of color blindness; and this affection is now occasioning no slight anxiety both in Belgium and Germany from its influence on railway accidents, and also from the military point of view. It is not surprising, therefore, that these facts have led to the issuing of orders in certain towns of Germany, forbidding all lads under sixteen years of age from smoking in the streets.

Dr. Alexander, of Belmont, has recently given to Tufts College a fine and valuable herbarium, with other extensive collections. These will soon be placed in the college.

Sugar, now almost one of the necessities of life, was nearly unknown to Europe before the Crusades. England now consumes as much sugar as all the rest of Europe together—more than one pound per week for every man, woman and child in the United Kingdom. In 1870, the refined cane-sugar, molasses and syrup manufactured in the United States, was: sugar, 754,000,000 pounds; molasses, 839,000 gallons; and syrup, 18,000,000 gallons.

Benzine applied freely, will destroy, surely and positively, all parasitic inhabitants of the human body,—so says the South Medical Reformer.

Dr. Paggi says that in a case of anæsthesia by chloroform, for an operation performed by Dr. Labbe, respiration and circulation stopped suddenly, as shown by the cessation of bleeding from the lips of the wound. The mouth was cleansed from mucous, the tongue drawn forward, the patient's head thrown well back, and artificial respiration continued without avail for ten minutes. Dr. Labbe then took a large cloth, dipped in boiling water and applied it to the region of the heart. Instantly the heart began to beat.—*Lancet, Med. Brief.*

Says the "Evening Post": In this utilitarian age business seems to be at the bottom of everything, including heroism. The other day a physician was set upon by footpads near Petaluma, when a well known undertaker of that town rushed

up and dispersed the ruffians at the risk of his life. He afterwards explained that business was too dull just now to admit of his standing by and seeing a doctor killed — *Brief*.

Dr. Hartzell, of Philadelphia, concludes that hemorrhage from the bowels may seem to ameliorate the condition of the patient; this is not the rule, as Trousseau and other eminent authorities have taught; but, on the contrary, the symptom is to be looked upon as decidedly unfavorable, raising the mortality from eighteen to forty per cent. He finds that peritonitis is also much more likely to occur in cases where hemorrhage has appeared.—*Amer. Practitioner*.

It has been estimated that in London the deaths among Christians are twenty in a thousand, while among Hebrews it is only one in a thousand.

The French government has forbidden the preservation of any articles of food with salicylic acid, as it has proved dangerous to health when used in sufficient quantity to preserve the substance upon which it has been used.

Dr. M. S. Leslie of Lexington, Ky., says that the best remedy in ordinary hiccoughs is about twenty-five grains of common table salt, placed in the mouth and swallowed with a sip of water.

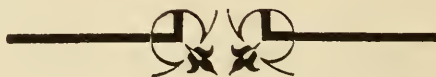
A medical friend says that the post mortem examination of a man's life always reveals finer traits of character than he was ever known to possess.

The Paris Faculty of Medicine has received its fourth doctress in the person of Madame Perre, a French woman, who has studied six years in the French medical schools with great success. The first woman recognized by the French faculty was an American from Philadelphia named Miss Pultman; the second was from Geneva, and the third from Russia. It is said that there are at present forty-six young girls studying in Paris hospitals, with a view sooner or later of taking medical orders.

Prof. Buckland advances the assertion that the most violent poisons have no effect upon the hedgehog.

The British Medical Journal reports an alleged recovery from hydrophobia at Peshawur. The patient, a boy five years old, had been bitten by a mad bulldog, and, to alleviate his sufferings, his physician, Dr. John Buxton, of the Army Medical Department, administered tincture of Indian hemp. To the doctor's surprise the boy awoke perfectly well after ten hours' sleep. The facts are apparently reported upon sufficient authority to warrant careful investigation and experiment on the part of medical men.

It is reported that a singular disease has broken out among the workmen on the Hudson river tunnel. In its attack the intense pain bends the victim double. The physicians attribute it to the effect of compressed air upon the internal organs. The contractors differ from this opinion and say that it attacks those only who go into the tunnel after intemperate drinking, or a loss of sleep, or with an empty stomach, against all which the workmen are cautioned.



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OBSTETRICAL HEMORRHAGES AND THEIR TREATMENT.

By Pitts E. Howes, M. D., Boston.

It has often been stated, and with much truthfulness, that a thorough knowledge of the anatomical structures of the human body, supplemented by a correct understanding of its various physiological actions, will form a substantial basis, or corner-stone, upon which one may build a successful practice of medicine. While I do not wish to contradict this statement in the slightest degree, I do wish to add, that a broad, comprehensive, and complete knowledge of the principles of Obstetrics will act as a golden key to open the door to a practice, which cannot help but be gratifying to the young physician. This key may be in the hands of every one, that makes a beginning in the practice of medicine, if they so desire it. In order to successfully use this key, it is absolutely necessary that the aspirant should be master of all the various difficulties that are liable at any labor to present themselves, by the overcoming of which he will be able to add much to his reputation as a smart and successful practitioner. Among the many grave, serious and dangerous complications that are liable at any time to present them-

selves, there are probably none that will more thoroughly tax the knowledge and acquirements of the physician than those which are described under the term Hemorrhage. To this subject, with its various causes and their treatment, I ask your attention for a short time. By the word Hemorrhage we understand a free, copious, and unnatural flow of blood from any part of the human system; and the kind now under consideration is caused by a separation of the decidua from the uterine walls. The hemorrhages that are met with in the practice of Obstetrics may be classified into two principal divisions; those which occur during gestation, and those which take place at the parturient period. Those of the first class, the hemorrhages taking place during the period of gestation, may be subdivided into those which are connected with and are the result of an abortion, and the hemorrhage depending upon a partial or complete attachment of the placenta over the os uteri; while hemorrhage taking place at the time of parturition will include Placenta Prævia, which is a continuation of the last mentioned form under gestation, hemorrhage before the birth of the child, and not dependent upon Placenta Prævia, Hemorrhage after the birth of the child but before the expulsion of the placenta; and hemorrhage which occurs after the delivery of both the child and its membranes. In the hemorrhage that takes place during gestation and depending upon an abortion, the causes are so intimately blended with those that produce the abortion, that it will be necessary to briefly refer to them in order that we may understand the pathology of this class of hemorrhage. These are classified as constitutional, ovuline, uterine and accidental. The constitutional causes are those which depend upon some disease of the patient; among which syphilis, epilepsy, scarlet fever, diseases of the rectum, bladder and kidneys, are the most certain to produce the effect. The ovuline causes depend upon a diseased condition of the ovum, which may be due to a wrong in the health of either parent, and causes the death of the foetus prematurely; or upon atrophy or hypertrophy of the ovum. Whenever, by any cause, the death of the foetus is brought about, this will, sooner or later, act as an irritant, which will cause uterine contraction and its expulsion.

Uterine causes depend upon a malposition of the uterus,

as prolapsus, retroversion and anteversion ; also upon ulceration of the cervix, fibroid tumors, cancer of the cervix, besides other conditions which affect the uterine tissues. Accidental causes may be said to be the result of blows, falls, shocks, riding in railway cars, jolting in carriages, lifting heavy weights, and numerous other causes of a kindred nature. The hemorrhage during gestation will be slight or excessive according to the period in which the abortion takes place, and will be dangerous in proportion. While, as a general thing, hemorrhage occurring during the second month is not considered dangerous, there have been cases in which it resulted fatally. In being called to a case of hemorrhage, it will be necessary to diagnose between the flow of an abortion and that resulting from dysmenorrhœa. While this is extremely difficult we may be aided somewhat by the condition in which we find the cervix ; if this is of normal length and thickness, and resembles cartilage to the touch, we may decide it to be a case of uterine congestion ; but if we find the cervix shortened, the os open, so that we may introduce the tip of the finger, and feel the tense membranes during the presence of a pain, we may consider that a case of abortion is in progress. The treatment of this class of hemorrhage should first be such as will look towards the prevention of the abortion, if that is possible ; if not, those means should be made use of that will tend to expedite the abortion. To bring about the first result, the patient should be required to assume the recumbent position, upon a hard bed, in a cool room, and the use of stimulating food and drink should be forbidden. A powder composed of capsicum, ipecac and opium may be administered, a blister applied to the sacrum will tend to relieve the flow ; a combination of alum and sulphate of iron will sometimes be useful. Prof. Meiggs recommends a powder composed of powdered alum and nutmegs ; an enema of laudanum and starch-water may be used, and retained several hours, if necessary ; cold applications may be made to the vulva, pubes and groins ; some prefer hot applications. If the hemorrhage still continues, it may be necessary to use means to hasten the abortion, among which may be mentioned the tampon ; this is composed of small pieces of cloth, inserted into the vagina until it is completely filled ; the first pieces may be medicated with a

solution of tannin, or some other astringent; the others should be moistened with carbolized oil, to render their removal an easy matter. This should never be used after the fifth month, as internal hemorrhage will be likely to ensue and the patient may be lost. In the latter months of pregnancy, where the hemorrhage continues to increase and the pains become stronger and more severe, it will be advisable to rupture the membranes and administer agents that will cause the uterus to contract and favor the expulsion of its contents; as, ergot, black cohosh, blue cohosh, cinnamon and other drugs of a similar nature. If there should be excessive hemorrhage several days after the abortion has apparently terminated, it will be owing to a retention of a portion of the membranes, and the physician should at once proceed to remove them by introducing his hand into the vagina, and passing one or two fingers, in the form of a blunt hook, into the uterus, and endeavor to remove the adhering placenta. A blunt hook made of wire may be used. or the placental forceps. In introducing the fingers or instruments great care should be used, both in their introduction and manipulation, so as not to injure the uterine tissues. Hemorrhage from placental presentation, or Placenta Prævia has also been termed unavoidable hemorrhage. In this case we find the placenta completely or partially covering the os uteri, and in proportion as the middle of the placenta is in the centre of the os is the danger to the patient.

This is one of the most dangerous of the various forms of hemorrhage with which we have to contend and is overcome with great difficulty. There are cases upon record where a patient has suffered from Placenta Prævia and the child has been born without hemorrhage, but these are very rare and should not be anticipated. The first symptoms of a Placenta Prævia are usually observed about the sixth month, when the patient experiences a slight flow from the vagina without any premonitory symptoms, being frequently aroused in the night by a flow from the genital parts. As a general rule this is so slight and so easily overcome, that it is looked upon by the patient as of little consequence, and the result perhaps of some slight accident, strain, or something of that nature. In a few days she experiences another attack, this time it being more copious, and in this manner she continues; every week

or two the hemorrhage presents itself, each time increasing in quantity, until at full term, if she continues so long, the patient finds herself so weak by exhaustion from the loss of blood, that she will not be able to stand even the loss of a few ounces more without great danger; again the discharge may not make its appearance until full time is nearly reached, and it is in these cases, where the patient is strong and vigorous, and has lost but little blood, that we are most likely to be successful in saving the patient's life. The cause of the flow in this class of hemorrhage has been differently interpreted by various authors; some contending, that it was produced by the enlargement of the cervix, thereby causing a tearing and separation of the placenta from the os uteri; while others say, that it is produced by the growth of the placenta, and that it becomes too large for the place to which it is attached, also causing a separation of the uterine blood vessels. In a case of Placenta Prævia, a manual examination should be made whenever there is excessive hemorrhage, or when the patient is at, or near, full term, particularly if there is the slightest sign of uterine contraction, no matter how faint or feeble these signs may be. In making a vaginal examination, one or two fingers may be gently introduced into the vagina, and if the os is situated high up, it may become necessary to introduce the whole hand. This introduction of the fingers will increase the hemorrhage, consequently the physician should make a careful and thorough examination of the parts. He should be careful and not allow a coagulum to mislead him, mistaking it for a Placenta Prævia.

While a coagulum is soft and may be easily broken down, the placenta will have a fleshy, fibrous and lobular feeling. Sometimes the placenta may be covered by a slight coagulum; in this case it should be broken down, until the finger comes in contact with either the membranes or the placenta. Whenever the os is found to be rigid and the finger is unable to penetrate the parts, no force should be used, but the physician should wait until the flow has sufficiently relaxed the parts to allow him to introduce his finger. Having determined that it is a case of Placenta Prævia, he should now decide whether it is partial or complete. In the complete form, he will not be able to come in contact with any part of the mem-

branes, while in the partial, his finger will detect them at some part of the os uteri, and the presenting part of the child may be recognized. In a complete Placenta Prævia, the finger may be passed around to see if the whole of the placenta is detached from the uterine surface, but no efforts should be made to detach it, if this is not found to be the case.

The treatment of placental presentations will depend upon the time at which they occur; if called during the early months of gestation and the hemorrhage is slight, all that is necessary will be to require the patient to assume the recumbent position, upon a hard bed, in a cool room. In all cases of uterine hemorrhage the bed should be so placed that the nurse may walk around it. Cool acid drinks may be administered, and slightly astringent injections may be made to the vagina; if the patient is excitable and nervous, a compound of ipecac and opium may be given, or the tincture of opium in connection with the tincture of hyoscyamus. Before leaving the house, the physician should instruct the nurse, or friends, in the manner in which they should proceed if the flow should again make its appearance, also reminding them of the importance of their sending for him on its recurrence. If there is a possibility of his not being able to attend to the case, he should have a professional brother to look after it for him. Such attention will secure for the practitioner the influence of the patient, and her friends, who will be much impressed by the care which he manifests in behalf of his patients. If the hemorrhage should be excessive, resisting the energetic means employed to check it, the ligating of the arteries would be demanded. In Placenta Prævia, the great danger results from the profuse hemorrhage, which occurs while the os is being dilated by the pains produced by uterine contraction. The safest method and probably that which is most used, is to deliver the child by turning. Now the question arises, if we are to deliver by means of turning, at what time may we resort to it with the least danger to the patient? Two principles may be stated, which if carefully adhered to will form the guide in the greatest number of cases. 1st. Never attempt to introduce the hand while the os is in a rigid condition. 2nd. Never wait until the os is fully dilated before you commence to operate. The time to attempt to

turn has arrived, when the os is dilated to the size of half a dollar, and is in a dilatable condition. Having decided to operate, the patient should be placed upon her back, if the hemorrhage is not too excessive, otherwise she may remain upon her side, her hips should be brought to the side of the bed and elevated, so that they will be higher than her head. Before introducing the hand to turn it is necessary, if possible, to determine the position of the child. If this cannot be done, it will be safest to introduce the left hand, as this would be the proper one in the greatest number of cases. The coat should be removed, the hand and arm oiled, and carefully introduced into the vagina and uterus; as soon as the hand has entered the uterus a large amount of hemorrhage will ensue, but the physician should not allow this to excite him in the least, but he should proceed in a calm, cool and collected manner to properly attend to the case before him. He should perform the version if possible without withdrawing or changing hands, as by so doing, he will be very liable to lose his patient before the exchange could be made. The hand should be passed up as high as possible between the uterus and membranes, which should be ruptured, the feet seized, and the version effected. In withdrawing the hand, the feet, legs and thighs, should be brought down, both to expedite the labor and to restrain the hemorrhage, by pressing against the bleeding vessels. The forceps should always be in readiness to assist in the delivery of the child if necessary. Cases have been recorded where the placenta has been detached, the presenting part of the child elevated, so that it might be pushed up by the presenting part, which has then been allowed to descend, and the rest of the labor has been accomplished without any further difficulty.

Cases of partial, or incomplete placental presentations, are of the most frequent occurrence, and in these the best course to pursue, when the hemorrhage is profuse and the pains active, is to introduce the hand, rupture the membranes, allowing the liquor amnii to escape, when the head or presenting part will descend and prevent the hemorrhage. At the same time, gelsemium may be given, and the bandage made use of, together with manipulations to increase uterine contractions. Should this fail, hemorrhage still continuing, it will be necessary to introduce the hand and

turn or make use of the forceps. In preternatural presentations it will be the best practice to turn if possible, if not, use the perforator.

The next form of hemorrhage under consideration, is that which occurs previous to the rupture of the membranes, but is not dependent upon *Placenta Prævia*. This is caused by the detachment of the placenta from the uterine walls, and is the result of blows, shocks, riding in railway cars, etc., but more commonly by some internal cause, as shortening of the umbilical cord, by surrounding the neck or some portion of the body of the foetus. It may occur during the latter months of pregnancy, when it is distinctly traceable to some exciting cause, but it is more generally met with at, or near full time. The hemorrhage will be profuse in amount, according to the degree of the detachment of the placenta, varying from a few ounces to enough to quickly destroy life. It must be remembered that there may be a very profuse hemorrhage internally, while there is but little external manifestation of it, and the physician should not allow himself to be guided by the amount of the flow, but by the condition of the patient. This rule will hold good in all classes of hemorrhage, and when there is great exhaustion, coldness of the extremities, feeble, rapid pulse and loss of sight, we should at once suspect internal hemorrhage. In all cases of hemorrhage before the rupture of the membranes, it will be imperatively necessary to introduce the hand into the vagina to determine whether it proceed from *Placenta Prævia* or not. If during the months of gestation this, of course, cannot be determined, but if labor is on, the os sufficiently dilated, so that the finger may be introduced, this will come in contact with either the placenta or the membranes, and determine the case. The treatment in this form will also depend upon the time in which it takes place; if during the period of gestation, and the flow is not great, the os undilated, it will be best to check the hemorrhage, if possible, and allow the patient to proceed to full term, by means already mentioned. If this plan of procedure should fail, the hemorrhage continuing to increase, it will become your duty to evacuate the uterus of its contents, by introducing the finger, rupturing the membranes, also making use of Crede's method, and giving ergot to arouse uterine contraction. In

cases of preternatural labor it will be necessary to resort to turning or the perforator. The next form of hemorrhage is that which takes place after the birth of the child, but before the expulsion of the placenta. In this case it is caused by a partial or complete separation of the placenta from the uterine walls, together with inefficient uterine action. This may not only take place in those labors where the pains have been feeble, with a considerable delay between them, but also in labors which up to this time have passed off in a normal manner and all the indications have been those of a natural labor. It may take place immediately after the birth of the child, and the first thing that the physician will know will be the profuse flow of blood from the parts, with a rapid, feeble pulse, paleness of the face, followed by a loss of consciousness and syncope; and if she is not quickly relieved will speedily die from the results of the hemorrhage. It is of the utmost importance that the physician should pay strict attention to the rule requiring him to examine the condition of the uterus immediately after delivery, thereby enabling him to determine the patient's liability to hemorrhage.

In the treatment of this form of hemorrhage the first and only thing to be done is the removal of the membranes and the arousing of the uterus to contract; and a physician, who does not feel confident at any time to introduce his hand into the uterus and remove the placenta, ought not to practice Obstetrics. The flow of blood will be large, and will pass out with a rapidity that is well calculated to unman the physician. He should not allow himself to be unnerved, but should proceed at once to remove the placenta. A bandage with a compress beneath should be placed around the patient in order that it may assist in uterine contraction; the physician should roll up his sleeves, and pass his hand and arm quickly, carefully, and gently, into the vagina and uterus, removing the placenta. This should be done with great care, not using any force, but gently pressing upon the attached part until it gives way; after the placenta has been completely detached, the uterus should be aroused to contract and expel both the hand and placenta. Never withdraw the hand, as the hemorrhage which follows will be so great that you will be almost certain to lose your patient. In all cases where the placenta has been expelled it should be carefully exam-

ined to see if there has been any part left behind. Should this be the case, the hand should be introduced and the adhering portion removed if possible. In this, as in other forms of hemorrhage, the physician should remain until all danger of a recurrence of the hemorrhage is over, and he should instruct the nurse how to proceed if it should return, as well as to send for him immediately.

The last form of hemorrhage is that which takes place after the delivery of both the child and placenta, and is caused by the non-contraction of the uterus. It may take place immediately after the expulsion of the placenta, or it may not manifest itself until a half an hour, an hour, or even several hours after delivery. This inertia of the uterus is due to debility of the uterine tissues, from a long, painful, protracted labor, from great excitement, high temperature of the room, and the reaction of stimulants used during the labor. In this variety of hemorrhage it is absolutely necessary to introduce the hand and ascertain if the whole of the placenta has been expelled, or if the uterus is partially, or wholly inverted. If there is any placenta remaining, this should be detached and removed; if the uterus is inverted, it should be reduced, if possible, and means should be employed to bring about strong uterine contraction. The hands of an assistant should be used in making firm contractions upon the fundus of the uterus, being careful not to indent the uterus in such a manner as to cause its inversion. Now make use of those agents which have been found useful in exciting uterine contractions; as, ergot, macrotys, sulphate of quinia, oil of cinnamon, etc.; ligatures may be applied to the lower extremities; applications of cold, or hot water, may be made to the parts. Calcined buck's horn has been found useful in many cases. Elevating the patient's hips, and keeping her in this position for some time, has been successful in many instances. Pressure may be made upon the abdominal aorta, near the umbilicus, to diminish the force of the flow of blood to the parts, besides many other means, which it is the duty of the physician to post himself up in, as this class of hemorrhage is overcome with much difficulty.

WHEN WE COUGH AND HOW WE COUGH.

Everybody coughs sometimes, and, judging by the quantity of patent cough medicines sold, many people must be coughing all the time. Most persons suppose that a cough is a cough the world over, and that what will cure one will another; and so they prescribe for themselves and their friends all sorts of syrups, home-made or proprietary, with the consoling assertion that "it can't do any hurt, if it don't do any good." How do you know it can't do any hurt? Do you know its ingredients? and if so, have you studied their effects upon the system in health and disease? Do you know the condition of the patient you are prescribing this for—his constitution, his habits of life, his past history? Let us see what a cough is. It is a sudden and forcible expulsion of the air from the lungs, preceded by a temporary closure of the windpipe to give additional impulse to the current of air. The effect of these spasmodic expirations is the removal of whatever may have accumulated in the air tubes, whether a foreign body from without, as when a particle of food finds its way into the windpipe, or an accumulation of mucus secreted by the air passages themselves. Coughing is in part a voluntary act. We can cough whenever we wish to, but frequently we are compelled to cough when we don't wish to. Nerves are divided into two classes, sensory and motor nerves. The former carry intelligence to the brain; they report any disturbance on the frontier to headquarters. The motor nerves then carry back the commands of the general to act. You tickle your friend's ear with a straw, and his hand automatically proceeds to scratch the itching member. A tickling sensation is produced in the throat by any cause whatever; the brain then sends back orders to the muscles concerned to act so as to expel the intruder; in other words to cough. And that is how we cough. The source of the impression may be various. Frequently it is due to an irri-

tation of the respiratory organs by foreign bodies, dust and acrid vapors, admitted with the air in health, or to damp, cold air itself, if the organs are particularly sensitive, or to the presence of mucus, pus or blood in disease. Inflammation, from whatever cause, acts as a source of uneasiness. There are, as we all know, many different kinds of cough. Thus, we have the dry cough, without expectoration, and the moist cough, with expectoration. We have the short, hacking cough, resulting from slight irritation, and the violent, spasmodic and convulsive cough, caused by a greater degree of irritation or some peculiar modification thereof. Then there are the occasional, the incessant and the paroxysmal cough, terms that explain themselves. Hoarse, wheezing, barking and shrill coughs are due to the tension or capacity of the rim of the windpipe, or other portion of the tube. The hollow cough owes its peculiar sound to resonance in the enlarged tubes or the cavities in the lungs, if such exist. Sometimes the exciting cause of a cough lies not in the lungs and respiratory organs, but in the stomach, liver or intestines. In other cases there seems to be no real cause; it is purely nervous or hysterical. Cough remedies should be suited to the kind of cough in question, and attempt, if possible, to remove the cause. It is evident that a cough may be lessened either by removing the source of irritation or by diminishing the excitability of the nervous mechanism through which it works. Both methods are generally employed, and most of the popular cough medicines consist of an expectorant and a sedative, in some mucilaginous or saccharine menstruum. Sedatives lessen the excitability of the nerve centres through which the act of coughing is produced. Opium in sufficient quantities will stop any cough, but if the secretion goes on accumulating, the patient must be allowed to cough or he dies of suffocation. Glutinous and saccharine substances lessen irritation, and as it frequently happens that much of the irritation which occasions the cough exists at the root of the tongue, and in portions of the throat which can be reached by troches and lozenges slowly dissolved in the mouth, hence these often afford relief, especially in dry, hacking coughs and the so-called tickling in the throat. Iceland moss, marshmallow and gum arabic belong to this class. Their power is probably due to their covering the inflamed and irritable

surface directly with a mucilaginous coat and thus protecting it from the action of the air and other irritants. An inflamed surface, whether within or without, is rendered worse by friction; therefore, in bronchial troubles, the inflamed surfaces are greatly irritated by the very act of coughing. Hence, persons are advised to "hold in," or try to refrain from coughing. All coughing beyond what is absolutely necessary for the removal of the accumulated mucus should be avoided, because it exhausts the patient; for the muscular exertion involved in a violent fit of coughing is very considerable indeed. and the muscular effort exerted by a patient with a bad cough during the twenty-four hours is really more than equivalent to that of many a man in a day's work. Both sedatives and mucilaginous substances can be employed, then, to check the excessive amount of coughing over and above that required to relieve the lungs and bronchial tubes of their accumulated mucus. To facilitate the removal of this, expectorants of various kinds are administered, according to the necessities of the case. The difficulty in the way of recommending any one kind of cough remedy is that different coughs require different treatment, and what will relieve one may aggravate another. Then, too, the general health of the patient must be attended to, the secretions kept open, etc. In short, the maxim, "What is one man's meat is another man's poison," applies here as elsewhere, and induces us to protest against the use of any nostrum simply because it cured a neighbor—*Boston Journal of Chemistry*.



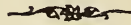
PLANTAGO MAJOR.

By J. P. Bills, M. D.

This remedy has been brought before the profession at various times during the past three years as a valuable agent in the toothache; my success with the remedy in this direction cannot be said to have been flattering. That the

Plantago possesses properties and virtues that will repay careful study and observation by the profession I am well satisfied. In the various forms of erysipelas it answers well as a topical application, reducing swelling and relieving pain; the only claim it has over Veratrum in this connection, is the fact that in cases where the Veratrum would be indicated as an internal remedy, in the topical application of the Plantago we do not fear the toxic effect of the Veratrum from absorption.

In "excoriated nipples" in nursing women, the Plantago is of inestimable value; it not only relieves the pain but favors the healing process. I have had a case that resisted all treatment until the Plantago was used. The preparation was a tincture, eight ounces to the pint of alcohol. The leaves and seeds were the parts used.



TÆNIA.

The frequency with which the average practitioner meets with "Tænia," fully demonstrates the prevalence of these obnoxious intruders of the ailmentary track. Some varieties multiply quite readily, and are found in pairs and families, and, in some subjects, we might say in colonies. Three cases recently came under our notice, where two, three and even five tænia had been expelled during the same week. Yes, reader, they all had heads, were all thoroughly examined. A new remedy has recently been added to the list of agents to expel *tænia*, and one which bids fair to prove quite effectual. After fasting for one or two meals, have patient take from three to six ounces of finely grated *cocoanut*. This to be followed in two hours with croton oil, *m. ii*, on sugar, or else a good dose of castor oil. The worm will usually be expelled unbroken within a brief period. This remedy is much pleasanter than many others which are used, and in my hands has proven quite as successful.—*Chicago Medical Times*.

SANITARY SUPERVISION OF DWELLINGS.

In a paper read before the Society of Municipal and Sanitary Engineers, at their annual meeting in Birmingham, England, the late president, Mr. Lewis Angel, C. E., took ground that not only the drainage of every new building be carefully examined, but that a regular periodical inspection of all old ones should be made. He went on to say:—“Prevention is better than cure, and it is very much cheaper to employ a few inspectors, than to pay the rates consequent upon preventable disease and the untimely death of the humble bread-winner. If sanitary science were taught in our schools; if organic germs received some of the attention devoted to the Greek particle; if our youth were taught to avoid vitiated air as they would false quantities; if elementary hygeians were recognized as of equal importance with simple equations—many a good and useful life would have been saved for the commonwealth. But now, in the selection of a house, more attention is given to a ‘dado’ or a ‘cornice,’ than to the cistern or sink. How difficult is it even to obtain compliance with the most simple and most obvious sanitary rules in our own house! Whatever, for example, may be the radical defects of construction, sewer gas may at least be (partially) neutralized and kept out of the house by keeping the water-closet door shut and the window open; but we almost invariably find the reverse rule to obtain, the window is shut and the door is open, especially at night, when the house is almost hermetically sealed, and a current of sewer gas induced by the warm air to enter our sleeping rooms at a time when our powers of resistance are at the lowest. In large hotels we find at the end of a long corridor of bedrooms a battery of water-closets, with every window shut and every door open (or ajar), unless some ‘fussy’

people, like ourselves, take the trouble to reverse the arrangement by opening the windows and closing the doors."



APOCYNUM CANNABINUM AND ANASARCA.

Bright's disease is becoming the fashionable disease to study, more especially since Charcot, who sets the fashion for many physicians in the United States, has been paying much attention to it. These studies have been chiefly pathological and symptomatological. However, many independent observers have dealt with it from the therapeutical aspect, and Dr. J. S. Dabney (New Orleans *Medical Journal*) has found, he claims, that apocynum cannabinum is one of the best diuretics and hydrogogue cathartics that can be used in the disease, as it causes not only marked diminution of the anasarca, but also decrease of the albumen and casts. He claims for it certain advantages: 1. A small quantity only is necessary to produce diuresis, emesis or catharsis. 2. It has an agreeable aromatic taste. 3. It has tonic properties. 4. It is harmless, free emesis resulting on an overdose. While many of these claims seem rather strained, still there appears to be but little doubt that the remedy is of much value in ascites, anasarca, and allied conditions.—*Chicago Medical Review*.—*Peoria Medical Monthly*.



"STATISTICS OF SMALL-POX."

By Prof. A. Wilder, M. D.

MR. EDITOR,—Under the heading which I have quoted you give in your January number certain statements in regard to deaths from small-pox in Europe, and the supposed influence of vaccination in the matter. It is worthy of note that all such statistics are made and manipulated by advocates of vaccination. No man opposed to the practice would be permitted to hold a place in a statistical "Bureau." This is a very significant fact. Under such conditions anything, almost, can be proved, even to an epitaph or a medical bulletin.

In regard to the unvaccinated in the London hospitals, it is the practice to report all as not vaccinated, who do not show scars. The real truth is this: among the poor and ill-cared for, small-pox and other diseases are more mortal; in houses where the occupants are more comfortable the mortality is less. Every candid, observing and intelligent man is aware of this.

The statement that in London forty years before vaccination, 2050 out of every million persons died annually of small-pox is not true. It may have happened in an epidemic, but to affirm that the mortality of an epidemic is an annual matter is neither honest nor beneficial. I cite Rektor Siljestrom of Stockholm to corroborate my denial. The same thing holds true in the other examples. "Falsus in uno, falsus in omnibus."

Small-pox epidemics generally succeed those of dysentery and choleraic affections. A necropsy will show that persons dying in the latter case will have pox-ulcers in the lining membranes of the intestines. It would seem from this that small-pox epidemics were but the other sort changed to a superficial character.

Dr. Carl Sprinzig of St. Louis, predicted a year ago the coming of the present epidemic. The character of the last winter was his indicator. It will run its course and in a few weeks more will come to an end.

Doubtless the vaccinators will declare that they stopped it, for they are seldom over-modest men; but it will stop just as soon and just as surely if they stop at once.

Humboldt deplored the mischiefs of vaccination in Germany. Other learned men in that country and Sweden, after fearful experience in their own families, declared that if they had the matter to go over again, they would disobey the compulsory statute, and take the consequences; I cannot consent to call it *law*, for what is not right cannot be law.

It is owing to these experiences and observations that even the emigrants from Europe coming hither, dread and abhor vaccination, hating it with a perfect, and I add, a godly hatred.

The opposers of vaccination are not ignorant, prejudiced, or narrow men. They are generally broad, liberal, and public spirited. Many have been vaccinated, and given it, for conscience' sake. It is usual in New York to class them as ignorant, unscientific and one-sided; but the fact that the public journals are appealed to to refuse their communications a publication, while they are freely lied about, shows cowardice and a vivid consciousness of being in the wrong. If the vaccinators, having local authorities on their side, and a half-breeched doctor on most editorial staffs to supervise and manipulate matters, find it necessary to appeal to such means, they must have consciences fearfully guilty.

Sometimes we are called "not practical." Men of convictions and intelligence are generally slurred at in that way, while those that believe in making money right or wrong, especially if they do make it, are called practical. I am perhaps myself visionary, although I am often called on by so-called practical persons to help them out of hard corners; but in the long run, believing in moral forces, continuous existence, and the everlasting right, I accept the slurs and obloquy, and denounce blood-poisoning. I say blood-poisoning deliberately. Vaccine virus is composed of blood corpuscles in a state of partial decomposition; it produces disease. It is no more the right of government, or of a physician to

disease a man, than for Dr. Blackburn (as was charged) to send infected clothing to New York twenty years ago, to disseminate yellow fever.

I will refer to a few facts and close. One of Jenner's first patients after his "infallible protection" had been asserted, had confluent small-pox. Jenner himself declared that cow-pox virus would not protect, but horse-pox was the specific. One day, a physician visiting him mentioned that he had just visited a patient with small-pox; on which Jenner drove his little daughter from the room.

Tuberculous and syphilitic disease can be transmitted by inoculation; and your own State, where vaccination is most rigorous, has also the ill reputation of being the hot-bed of consumption. As too, in England, your "doctored" statistics show that since vaccination has become general, consumption has increased six-fold, and syphilis and scrofula have fearfully increased.



MASS. ECLECTIC MEDICAL SOCIETY.

Revere House, Boston, Jan. 11, 1882.

The twenty-first semi-annual meeting of the Massachusetts Eclectic Medical Society was held at the Revere House this day, the President, N. Jewett, M. D., in the chair.

Essays were read by A. W. Forbes, M. D., of Charlestown, subject "Consumption"; by H. G. Newton, M. D., of Boston, subject "Modern Gynecology"; also a case of Pneumonia with very high pulse, by W. H. A. Young, M. D., of Springfield. Various cases and medical topics were reported and discussed by the members present of which there was a good attendance.

The following gentlemen were admitted to membership: R. A. Reid, M. D., of Newton, P. E. Howes, M. D., of South Boston, and W. A. Perrins, M. D., of Boston.

At 4 P. M. voted to adjourn.

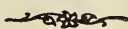
A. L. CHASE, SECRETARY.

CEREBRAL MALFORMATION AND ITS CAUSES.

[The following article has been sent us by a friend, who asks that it be re-published in our Journal, as it contains matter of interest, and we accede to the request.—*Ed.*

The plaster cast of Guiteau's head, taken a few days since by Clark Mills, the sculptor, shows that one lobe of the brain is larger than the other. That result could never have been consequent upon the greater activity of the larger lobe from study and reflection, for each section of the brain contains the same organs on either side of the cerebral line reaching longitudinally from the eyebrows to the medulla oblongata, where the cerebellum ends. The two lobes act in concert and if the dual machinery is uneven, the cause must have been hereditary. The size of the human brain has something to do with the mental strength of the owner. Guiteau's head measures twenty-two inches, and while such dimension would give him a bright, active mind, it would deny to him power of thought. His loquacity is a resultant of the lack of such power, for thoughtful men are usually silent, Chief Justice Gibson's head measured over twenty-four inches, and Pennsylvania has never had a judge who could compare with him. Webster's head was nearly the same size, while those of the great Chief Justice Marshall and of Henry Clay were smaller by about one inch. On the contrary, the heads of John Randolph and of Byron were small, but singularly symmetrical, and in the latter the brain was found to be even larger than the head indicated, possibly from craniological thinness. As a rule, the head of a man must exceed twenty-two inches to make him a being of meritorious mark among mankind. Recently the English craniologists have been agitated over the decreasing size of the heads of their countrymen. The hatters of London have observed a considerable shrinkage of late years in the heads of their customers. Gladstone, Gran-

ville Derby and Hartington have almost exceptionably large cerebral developments; but four of these really belong to a past generation. The latter assert that the younger British heads have degenerated three-eighths of an inch, or lessened one size. This bodes no good to the supremacy of John Bull. Dr. Roberts argues that the tight lacing and degenerate habits of modern mothers have much to do with the smallness of the heads of children and their intellectual feebleness, and further, that the inhuman practice of compelling shop girls to stand all day, is another fruitful source when they become mothers. There is much force in his argument; for undeniably both evils produce such malformations as to make the birth of healthy children next to impossible. Although Carl Schurz, in his centralizing way, glories over the passage of this republic from a bucolic to a mercantile, national era, there is enough primitiveness left yet to give us men with normal forms and intellectual heads. It is true that intellect in public life is just now the exception, but brilliancy and power seem to come and go among all peoples. The next generation, perhaps, will give the republic a President who will disdain to part his hair in the middle, and statesmen who have both eloquence and the organizing faculty. Well-developed heads must do this, or the country will suffer from that intellectual deterioration which laid the foundation for the fall of the Roman Empire.

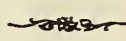


CATCHING COLD.

It is noteworthy as a curious yet easily explicable fact, that few persons take cold who are not either self-consciously careful, or fearful, of the consequences of exposure. If the attention be wholly diverted from the existence of danger, by

some supreme concentration of thought, as, for example, when escaping from a house on fire or plunging into cold water to save life—the effects of “chill” are seldom experienced. This alone should serve to suggest that the influence exerted by cold falls on the nervous system. The immediate effects of a displacement of the blood from the surface, and its determination to the internal organs, are not, as was once supposed, sufficient to produce the sort of congestion that issues in inflammation. If it were so, an inflammatory condition would be the common characteristic of our bodily state. When the vascular system is healthy, and that part of the nervous apparatus by which the caliber of the vessels is controlled performs its proper functions normally, any disturbance of equilibrium in the circulatory system which may have been produced by external cold will be quickly adjusted. It is, therefore, on the state of the nervous system that everything depends, and it is, as we have said, on the nervous system the stress of a “chill” falls. Consciousness is *one* element in the production of a *cold*, and when that is wanting the phenomenon is not very likely to ensue.

It is in this way that persons who do not cultivate the fear of cold-catching are not, as a rule, subject to this infliction. This is one reason why the habit of wrapping-up tends to create a morbid susceptibility. The mind by its fear-begetting precaution keeps the nervous system on the alert for impressions of cold, and the centres are, so to say, panic-stricken when even a slight sensation occurs. Cold applied to the surface, even in the form of a gentle current of air somewhat lower in temperature than the skin, will produce the “feeling” of “chill.” Conversely a thought will often give rise to the “feeling” of cold applied to the surface—for example, of “cold water running down the back.” Many of the sensations of cold or heat which are experienced by the hypersensitive have no external cause. They are purely ideational in their mode of origination, and ideal in fact.—*Lancet*.



SPONTANEOUS ANEURISM OF THE COMMON CAROTID CURED BY DIGITAL COMPRESSION.

In a Spanish journal, Sr. Parada Santin reports a case of spontaneous aneurism of the common carotid cured by digital compression. (The *Medical Record*.) The tumor was situated in the region of the internal extremity of the clavicle, and measured six centimeters in length and four and a half in width, extending up as far as the lower border of the hyoid bone. The patient, a woman aged sixty-four, was placed under proper hygienic conditions and digital compression was exercised upon the artery between the sac and the heart. Becoming dexterous in this procedure, she practiced it three times a day, at rising, at noon, and at night, for the space of a half hour each time. At first the patient did not succeed in arresting the flow of blood through the sac, although the pulsation was rendered very feeble. Gradually the duration of the procedure and the number of times it was applied were increased, until at length the circulation of blood through the aneurism was arrested for six hours each day. At the end of four months the tumor had decreased in size by a centimeter in length and a half centimeter in width; the impulse was feeble, the walls of the sac had not diminished in thickness, nor were coagula appreciated in its interior. A final recovery followed. only a slight increase in thickness of the walls of the carotid at the point affected indicating where the aneurism had been. The aneurism had been cured without the intervention of a clot, solely by the retraction of the three arterial tunics of the sac.—*Chicago Medical Times*.

EXTERNAL USE OF JABORANDI IN MAMMARY INFLAMMATION.

Mrs. K., multipara, on the sixth day after confinement, had much pain in the left breast, which had become hard and swollen, with considerable fever, pain in head and back. In examining the breast, I discovered a large cicatrix, and on inquiry learned that in her second confinement she had suffered in a similar manner; that the inflammation went on to suppuration, and finally the breast was lanced. I prescribed a diaphoretic mixture, and locally used a poultice composed of two parts flaxseed meal and one part crushed jaborandi leaves. The leaves were infused in a quantity of hot water necessary to make the poultice of proper consistence, in order that the active properties of the jaborandi might be more thoroughly mixed with the meal. These poultices were continued for forty-eight hours; at the end of the first twenty-four the breast was flaccid, the swelling reduced, and the pain had disappeared.

There was no milk drawn from the breast in the interim, and the most gratifying feature was the fact that the engorged breast was entirely relieved. At the end of the second day the treatment was discontinued, the milk flowed freely, and the mother nursed the child from this breast as well as the other. I have used this treatment in a number of similar cases since then, and have never seen it fail, if adopted before suppuration had set in.

I have used these poultices in the inflammatory stages of buboes, and succeeded in preventing suppuration. In mumps this treatment proved equally gratifying.—*Dr. Stehman in College and Clinical Record—Peoria Medical Monthly.*

INEBRIETY.

A very interesting report of 252 cases of Inebriety was published not long since by Lewis D. Mason, M. D., Physician to the Inebriates' Home, Fort Hamilton, L. I., which contains some important deductions, as well as facts, the results of his experience. In the cases he has cited, as given above, he found that nearly one fourth had received a liberal education, and that one in fourteen had taken a collegiate course. Of the males, about one in eleven followed professions; a large portion were skilled mechanics, and of those engaged in business, none were below medium in point of general intelligence and capacity; many exceeded this point.

The doctor's statistics substantiated the fact in his mind that dipsomaniacs come from the more intelligent and educated classes of society.

He thinks that insanity of parents should be regarded as one of the predisposing causes to inebriety in their children, but the principal hereditary cause is an inebriate father or mother; and he adds, as also true, that an inebriate parent will beget insane as well as inebriate offspring.

The doctor says the opium habit is not unfrequently associated with the habitual use of alcohol.

As to the relative frequency between the habitual and periodical forms of inebriety, his statistics show that of the 252 cases, 162 were habitual, and 90 periodical inebriates.

After an examination into the predisposing causes of inebriety the writer turns his attention to the exciting causes. Among these he finds head injuries which he affirms are largely in excess of the other exciting causes. One in seven, at least of the 252 cases became inebriates from blows on the head. Other exciting causes are such diseases or injuries as would act either directly or indirectly in producing an abnormal condition of some portion of the cerebro-spinal axis. The writer says inebriates not unfrequently suffer from

other maladies which, if not the exciting cause of their inebriety, at least tend to protract that disease.

It is therefore, of the first importance that physicians, when treating cases of Dipsomania should make a careful investigation as to possible complications, and relieve the patient of any disability that might otherwise retard, if not prevent, a cure. When this cannot be accomplished. the prognosis, as regards the ultimate recovery of the patient, is extremely doubtful.

Among the complicating diseases the author finds Phthisis and other pulmonary diseases; Syphilis, which he affirms is not unfrequently the exciting cause of inebriety, more especially in the latter stages, when the nervous system becomes involved; and Gonorrhœa, which, the writer says, a large proportion of male patients had contracted at some period previous to their entering the asylum.

Twenty of the 252 cases, the doctor remarks, were epileptics; exclusive of five complicated cases (three traumatic, two sunstroke,) all were due to alcohol as the exciting cause.

The initiatory stage of Dipsomania, observes the author of the report, is usually formed between the ages of 15. and 35, the large proportion of cases being between the ages of 15 and 25.

The majority of inebriates, he says, do not apply for treatment until the disease has existed a long time, in nearly all instances over five years, and in a large proportion of cases over ten years; often, during this period, organic disease, the direct result of the habitual use of alcohol, has undermined the system and the patient is beyond relief. Dr. Mason's report is highly interesting, and contains important statements and suggestions worthy the serious attention of every medical practitioner. We ought to have noticed this excellent report long before now, but want of space, and a press of other duties have prevented. To do anything like justice to the subject, Dr. Mason's report should be copied bodily, but we have only alluded to some of its prominent points. We consider that the author's opportunities for close and scientific investigation have been remarkably favorable, and Dr. Mason has improved them with commendable skill and diligence; consequently the results of his labors may be received with no small degree of authority.

B.

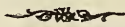
AN OPEN LETTER.

By G. W. Carpenter, M. D., South Bend, Ind.

[The following "open letter" appeared in the "Medical Brief," for January 1882, published in St. Louis, Mo., and which is one of our most valued exchanges. The subject matter of the letter addresses itself with such force and good sense to every liberal minded physician that we re-produce it as it appeared in that excellent publication.—*Ed.*]

EDITOR MEDICAL BRIEF:—I am an old physician ; have been in the practice steadily for thirty-five years. I have my diploma from the University of Michigan, issued in the spring of 1852. I belong to no medical society, but have read, as thoroughly as my time would allow, the eclectic and homœopathic, and am not fully ignorant of the other smaller pathies, and by associating with gentlemen of all pathies, I find much merit in each system, but no perfection nor exact science in any nor all. And yet I hear and read the word quack, let me turn which way I may, from persons and journals. And I wish to ask what it means. Almost every doctor uses it when speaking of some brother physician who does not treat diseases just as he does, or who pursues a little different course to obtain business. For instance, if Dr A., by hard application and a lavish expenditure of money for ten years, became expert in the treatment of piles by the use of hot water or electricity, and should place himself before the public by advertisement, just the way he should do, and the only way he can do successfully, and he owes it to the suffering to do it, yet he is called a quack. If Dr. B. has formed acquaintance with Dr. H., who is of a different school of medicine, and counsels him in a case of sickness, he is called a quack though friendship, acquaintance, and what we owe to suffering

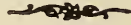
humanity, demand the consultation. I might call up a hundred cases of like character to elucidate the idea. No, doctor, if you are a homœopath or eclectic, you can't hold a membership in the association of regulars, and vice versa. Now, what I want to know is, what it is to be a quack. Everybody has the name from somebody else. I would like to be a rational and scientific physician; I would like to maintain the dignity of the profession, and yet I would like to make use of the best remedies known to cure the sick. And further, I would like very much to confine my ability to the treatment of that class of cases to which I have given the most of my time, and with which I feel I will be the nearest expert. And yet to do so, and advertise for business, I can not enjoy the society or counsel of any of my brethren, and I am compelled to keep my office open to general custom, and let many cases go to others who I have many reasons to know are not equal to the task. And in like manner, I must treat cases which my neighbor across the way would treat much better. And all for the fear of the word quack. For shame, gentlemen. To let fear make cowards of us all. Why not work out our genius, all of us, and only strive in our emulations of who can best work and best agree. Then again, why should the professors of our medical institutions be allowed to send their advertisement, in the form of a specialty, broadcast over the land, in pamphlet form, and hundreds of their peers must remain in partial obscurity for want of advertising, and the people must suffer, because they are not allowed to know there is help at the door. And besides, should there be any good paying cases, they must be sent away to the first-class advertising professor, to the detriment of the needy physician at home, and often to the great injury of the patient, who is away from sympathy and under the hand of less skill than was lying idle at their homes. There is something wrong in the ethics of doctors somewhere. I don't know just why nor where, and I am too old to remedy it, but the younger men should see to it that the ethics of the profession should not stand in the way of talent or genius, to the injury of the afflicted and science.



OXYGEN AS A SOURCE OF ENERGY.

As is well known, however, the highest temperatures are obtained by combustion—that is, by the combination of other bodies with oxygen. Since oxygen is continually inhaled and consumed by animals during life, we are obliged to consider this as the source of heat and force. We have here a problem which is open to discussion, namely, whether the energy liberated by the combustion was originally contained in the oxygen or in the other substances. It appears as if the latter assumption was generally accepted; at least statements are often met with, such as, for instance, that coal contains the heat of the sun which has been stored up during thousand of years. Although we cannot, at present, with the means at our disposal, definitely solve this problem, it can at least be shown that the statement has little in its favor. The decomposition of carbonic acid by the influence of the light and heat of the sun is effected in such a manner that the carbon is employed in the formation of the compounds of which the plant is built up, while the oxygen escapes into the atmosphere. Now, we know that solids contain the least energy, because it must be supplied to them in the form of heat in order to convert them into the liquid or gaseous state, while, on the contrary, heat must be withdrawn from gases to condense them to liquids or solids. Oxygen is one of the most permanent of gases, and must therefore possess an enormous amount of energy, while carbon, on the other hand, being one of the most difficultly diffusible and volatile bodies, can only contain a little energy. This makes it extremely probable that the force of the sun, taken up by the plants, is not stored in their bodies, but in the free oxygen of the atmosphere. Hence the latter is to be considered as the inexhaustible source of power on which man and animals draw, and in the carbon we possess a valuable aid for making

this energy, contained in the oxygen, available.—*Edmund Drechsel, in Popular Science Monthly.*



PLANTS IN SLEEPING ROOMS.

Dr. Reitter, in the Austrian *Fachzeitschrift*, heaps together a number of alarming examples of the danger of sleeping in a room with certain fruits and flowers, if these are present in any considerable quantity. The orange and the hyacinth in blossom he regards especially hurtful. A number of vases containing hyacinths in full flower produced headache and sleeplessness, not only in a nervous and excitable woman, but in a thoroughly sound and healthy man. He records a case which came under his notice where a young fellow, "with a playful simplicity worthy," as he says, "of an Arcadian shepherd," surrounded the bed of a friend with branches of oleander in full bloom. He was horrified at finding the next morning that his friend had fallen asleep under this Arcadian bower never to wake again. A grocer and his son, at a busy time slept in a room which was crowded with chests full of oranges, and both were killed, as Dr. Reitter says, by the "Orangen-duft." A young merchant made use of a bag of saffron for a pillow, and paid the penalty for his ignorance by dying in his sleep. Dr. Reitter, after the production of other examples of the deleterious effect, in a sleeping room, of all vegetable products with a strong odor, advises his readers to banish them during the night. Scentless plants he considers to be less hurtful, but regards it as the wisest course not to suffer any plants at all to remain in a bedroom after sunset.

TREATMENT OF CARIES OF SPINE IN CHILDHOOD.

Howard Marsh, F.R.C.S.—[After remarks regarding Sayre's plaster-of-Paris jacket, the writer says]: Having formed these views respecting the jacket, I am left to the conclusion that the best method at the present known for the treatment of spinal caries is that by complete recumbency. This plan, if carefully carried out for the necessary time—extending from 6 to 18 months, or even longer—will generally effect a cure; and it will also prevent the occurrence or increase of deformity. It is now well known that the means are at our disposal by which the distressing deformity that use to result in the course of hip-disease can be prevented, so that the patient recovers with a straight though it may be a shortened limb; and the lamentable distortions which now commonly ensue in the course of spinal caries can assuredly be prevented by the recumbent treatment, if it be applied in the early stages of the disease. I know it is objected that this method interferes with the general health, leads to bed-sores, and is very tedious. It is tedious no doubt; but this is a feature inherent in the nature of the disease, which, in this respect, resembles caries of the tarsus, disease of the joints in childhood, and gland-enlargements slowly tending towards suppuration. As to bed-sores, they are never met with in children who are fairly well attended to, however long they may be kept recumbent, except in cases of extreme exhaustion and wasting. In ordinary instances of spinal disease, they may be avoided by the use of moderate care and the maintenance of cleanliness. And, as to the failure of the general health from mere confinement to the recumbent posture, this has assuredly been very greatly exaggerated. I have seen numerous instances in which children have remained robust and fat, even though they have been recumbent for as long as

two or even three years. The causes of wasting and failing health are usually either pain or prolonged suppuration; and both these may be generally avoided if the recumbent treatment is adopted early and carried out thoroughly. I believe it is very advisable to combine the use of some firm apparatus with the maintenance of recumbency. For this, the plaster jacket may sometimes be usefully employed, though the poroplastic felt cases invented by Mr Cocking of Plymouth are, I think, preferable. These cases are very readily applied; they can be easily removed and remoulded; they are very light, durable, comfortable, and by no means expensive. I have used them very largely for patients at the hospital, and have found them very satisfactory, both for acute disease during the period of recumbency, and also in the convalescent stage of the affection, when the patients are allowed to move about.—*British Medical Journal*.—*N. Y. Medical Abstract*.



SALT IN DIPHTHERIA.

In a paper read at the Medical Society of Victoria, Australia, Dr. Day stated that, having for many years regarded diphtheria, in its early stage, as a purely local affection, characterized by a marked tendency to take on putrefactive decomposition, he has trusted most to the free and constant application of antiseptics, and, when their employment has been adopted from the first, and been combined with judicious alimentation, he has seldom seen blood poisoning ensue. In consequence of the great power which salt possesses in preventing the putrefactive decomposition of meat and other organic matter, Dr. Day has often prescribed for diphtheritic patients living far away from medical aid the frequent use of a gargle composed of a tablespoonful or more of salt dissolved in a tumbler of water, giving children who cannot gargle a teaspoonful or two to drink occasionally. Adults to use the gargle as a prophylactic or preventive, three or four times a day.—*Scientific American*.

CHLOROFORM AND ETHER.

The relative safety of these anæsthetic agents has been pretty fully discussed, from time to time, and while the opinions of physicians have differed in regard to chloroform, the profession are not a unit in sentiment as regards its use.

Experiences differ; many have administered this agent, and many times too, and have experienced no unfavorable results; whilst others tell us, by a recital of facts, that it has been fatal in its results in a great many cases. It does not seem that we can arrive at any just decision by relying simply upon the experience of one, two or even a dozen physicians, but rather from a review of all the statistics that we can gather, touching its use both in Europe and America. Drawing our information from these sources, we may be able to approximate a comparatively just judgment in the premises, and learn whether the weight of evidence declares chloroform to be ordinarily unsafe. That chloroform and ether are powerful agents all admit, and their great usefulness is admitted throughout the profession.

As far back as 1849 a discussion upon Chloroform was held in the Westminster Medical Society, England, where one physician gave the results of thirty-two cases of parturition in which chloroform had been given, and which had come under his notice. All the patients were at the full period. In no case did any permanent ill effects follow. The largest amount of the agent made use of in any one case, was two ounces and a half; and this was extended over nine hours, the longest period of inhalation in any of the cases. This physician concluded with the remark that it was his opinion that although this agent occasionally produces dangerous and even fatal effects, yet if cases be judiciously selected, the remedy cautiously administered, and its effects properly watched, it may be advantageously given both in natural and instrumental labors.

Another physician stated that he had administered chloroform in obstetric cases ever since its introduction, and he was thoroughly in favor of its employment under certain circumstances.

A third physician detailed three cases which had come under his cognizance in hospital practice, showing the serious consequences sometimes following the inhalation of chloroform during child-birth. In the first case, the patient was for three days incoherent. She soon afterwards became so furious as to require confinement. After twelve months she was discharged cured. In the second case, the patient did not recover from the effects of the chloroform, and soon after delivery became quite maniacal, and continued so for many months, but recovered ultimately. In the third case the cerebral disturbance following the use of the chloroform, never ceased entirely; the patient could not sleep at night. Three weeks afterward she became almost maniacal, exhibited much mental excitement, laughing frequently; conducted herself like an infant, and lost her memory, in which state she continued during five months, when recovery took place.

An instance is cited as occurring in St. Thomas' Hospital, where a stout porter, of intemperate habits, died under the administration of but one drachm of chloroform, and even all this amount was probably not inhaled, for when the sponge dropped from the inhaler a part of the chloroform remained unused.

A writer in the Pacific Medical and Surgical Journal presents the following views: After searching the recent authorities, and collating all accessible statistics, I come to the conclusion that death from chloroform occurs in about one case in every three thousand in which it is administered. In the majority of cases, he says, it produces death by paralyzing the heart through its action on the par vagum nerves of the pulmonary surfaces.

Another writer speaking in regard to 190 deaths by chloroform that he had collected, says, death in a majority of cases was sudden. In 28 it occurred almost immediately, or within a very few minutes of the exhibition of the anæsthetic, or immediately after the commencement of the operation; in four it ensued just as the operation was completed; in eight the result was more or less remote.

One eminent surgeon in speaking of this agent says, no precaution yet devised by human ingenuity will prevent the insidious shock of chloroform, even in a small dose, from occasionally and abruptly killing a healthy subject. This is the peculiar and usual *death from chloroform*, and of its approach neither pulse nor breathing gives indication.

Thus much may be said of chloroform, and if there are any great risks attending its use, there are probably few if any physicians who would desire to assume them.

Ether, as an anæsthetic seems to present a more reliable character, and one eminent surgeon has remarked that he believes an accident from ether almost impossible, if the pulse is held, and due attention is paid to the respiration. That ether *can* produce death if ignorantly or unscientifically applied there are cases upon record to prove; but it does not bear the insidious or treacherous character, so to speak, of the chloroform. The comparative safety of ether renders it invaluable to the physician and surgeon.

Although accidents *have* occurred from the use of ether, it is now generally believed in the profession that the liabilities to them are very few, and this opinion has so far influenced a very large number of physicians as to lead them to give ether the preference in all cases in their practice where an anæsthetic is deemed necessary.

As to the wisdom of this course there can be but one opinion; and while in ether we have a comparatively safe and controllable agent, which will produce the results we desire, notwithstanding it requires more time and more of the agent to do it, still it is better to adopt this course than to employ that more powerful agent, the use of which so often carries with it so great a weight of responsibility.



ARSENIC IN PHTHISIS.

M. Montigny, formerly French counsel in China, in reference to the use of arsenic by the northern Chinese, said, they mingle it with their smoking tobacco. According to missionaries who have lived a long time there, tobacco free from

arsenic is not sold. The same witnesses assured the consul that the arsenic smokers were stout fellows, with lungs like a blacksmith's bellows, and as rosy as cherubs.

The publication of Montigny's statement called out a letter from Dr. Londe, who announced that some years ago, in the course of a discussion at the Academy of Medicine on the agents to be employed to cure tubercular consumption, he told the assembled doctors that he found but one successful means of combatting this dreadful disease, and that means was the smoking of arsenic. The doctor re-affirms his commendation of this remedy.



HOT HAY-SEED BATHS FOR FROST-BITES

[The following article has been sent us with a request that we publish it *pro bono publico*, if we deem it worthy. As it is in the line of medical treatment, and as the Boston Transcript has given it a place in its columns, we give it the benefit of an appearance in our pages.—*Ed.*]

To the Editor of the Transcript: A member of my family in Colorado, while riding horseback on the 10th inst. at night, was obliged to stop at a hay camp, apprehensive his feet were frozen, and knowing his left hand was frostbitten. On examination in the morning it was found that "the feet were four times their usual size, covered with huge blisters and black as coal." Away from medical advice, kerosene oil was first applied, until the arrival of a friend who had been an old sailor and accustomed also to mountain life and vicissitudes. Though this friend had great doubts about one foot, he took charge of the case and at once ordered hot baths of hay-seed, which were applied twice a day as hot as could be well endured. After two baths all pain was gone, swelling reduced, healthy reaction established, so that on the 15th inst. the patient was free from pain and all danger over, though it will be weeks before the use of cane or crutches can be dispensed with.

The remedy of hay-seed baths and the hot application is so new to me and so antagonistic to the general use of cold water to frozen limbs, that I am induced to write, hoping you can spare the space in the Transcript for two objects:

FIRST.—That in our changeable and inclement winters some one may be benefitted if there is occasion.

SECOND.—To ask some of our medical friends if there is any especial virtue in hay-seed decoction to remove frost from frozen feet, or in restoring the circulation and the removal of pain.

Let me add a P. S. written on the sixth day: "Skin about peeled off; able to sit up, heels on floor; hay-seed footbaths, as hot as can be borne, beats everything for a cure. Should be published."



EATING BEFORE SLEEPING.

Man is the only animal that can be taught to sleep quietly on an empty stomach. The brute creation resent all efforts to coax them to such a violation of the laws of nature. The lion roars in the forest until he has found his prey, and when he has devoured it he sleeps over it until he needs another meal. The horse will paw all night in the stables, and the pig will squeal in the pen, refusing all rest of sleep until they are fed. The animals which chew the cud have their own proviso for a late meal just before dropping off to their nightly slumbers. Man can train himself to the habit of sleeping without a preceding meal, but only after long years of practice. As he comes into the world nature is too strong for him, and he must be fed before he will sleep. A child's stomach is small, and when perfectly filled, sleep follows naturally and inevitably. As digestion goes on the stomach begins to empty. A single fold in it will make the sleeper restless; two will awaken it; and if it is hushed again to repose the nap is short; three folds put an end to the slumber. Paregoric or other narcotic may close its eyes again, but without either food or some stupefying drug it will not sleep, no matter how healthy it may be. Not even an angel,

who learned the art of minstrelsy in a celestial choir, can sing a babe to sleep on an empty stomach.

We use the oft-quoted illustration, "sleeping as sweetly as an infant," because this slumber of a child follows immediately after its stomach is completely filled with wholesome food. The sleep which comes to adults long hours after partaking food, and when the stomach is nearly or quite empty, is not after the type of infantile repose. There is all the difference in the world between the sleep of refreshment and the sleep of exhaustion. To sleep well the blood that swells the veins in the head during our busy hours must flow back, leaving a greatly diminished volume behind the brow that lately throbbled with such vehemence. To digest well this blood is needed at the stomach, and nearer the fountains of life. It is a fact established beyond the possibility of contradiction that sleep aids digestion, and that the process of digestion is conducive of refreshing sleep. It needs no argument to convince us of this mutual relation. The drowsiness which always follows the well-ordered meal is itself a testimony of nature to this inter-dependence.—*New York Journal of Commerce*.

A GOOD BREAKFAST NECESSARY IN WINTER.

The breakfast we take in winter will determine our efficiency for work in the day, and will so influence our whole being for that period of time that no after meal can correct it. The breakfast in winter must contain more nitrogenous food than in summer; it is absolutely needed. You must store heat to furnish material for absorption and for maintaining vitality; add to this nitrogenous food something that will disengage heat from the blood and keep in temperature, and you may defy the coldest day. Your face may feel it, your hands may feel it, but your body will be impervious to it and go on disengaging that inward heat which can alone stand against the lower temperature without. If this first meal has been properly attended to we may presume that the vital action can be maintained in full for five hours at least before it needs replenishing.—*Food and Health*.

DIRECT MEDICATION.

By G. W. Lambert, M. D.

The physician who starts out in practice of medicine with the expectation of succeeding must depend, to a great extent, on his own judgment. The present nosology is faulty; and here is the reason that so much difference prevails in the treatment of disease.

In reading the various text books and journals we find that each author has views that differ in treating the various complaints to which the system is liable. And each one would have us believe that his treatment is *secundum artum*.

A thorough knowledge of anatomy, physiology, pathology and the therapeutical action of remedial agents are the prerequisites of all who would embark in the healing art.

To thoroughly study health and any deviation from the same; and to strictly note the effect that the agent used has on the disease, or certain pathological conditions, will bring the student—for we are all students—to direct conclusions. And, before he is aware of it, he has a remedy that will always prove useful in the same class of symptoms. And in this we wish to be understood to mean that the name of a disease as at present known has no correlative relation to a correct treatment of diseased action, either general or local. To be successful, we must prescribe for direct symptoms that present themselves in any deviation from a healthy standard.

The cognomen of disease forms no basis on which to build a therapeutical structure. And this, perhaps, is the hardest fact to inculcate; but nevertheless it is true, and should be sounded loud and long. The physician that will follow this will find that, for every symptom, he is in possession of an adequate weapon by which he can successfully combat all diseases that are not in their nature necessarily fatal. And he will further find that his success will be greater as his

experience grows in the use of medicine for their specific action.

When a patient has fever, we may not be justified in giving all or any one of the special sedatives, but must learn by special indications *the* agent needed to bring about sedation. And this we may learn by a proper exercise of our judgment, and the experience of others.

I have seen much harm done by employing a remedy that was counter indicated. Take typhoid fever, for instance, and you will find men, eminent in the profession, who give hydrochloric acid invariably, notwithstanding the tongue is coated white. This I have seen within the last few months. The patient, of course, grew worse under such bad medication. The attending physician could not and would not study his case so as to be able to treat it intelligently as well as successfully. Therefore, the importance of making a close examination in all cases that come under our care, so as to be able to manage them with true scientific skill—*Indiana Medical Journal*.

EFFECTS OF CROSSING ON THE CONSTITUTION.

Those classes of the human race which preserve their blood free from mixture with strangers, while they have less variety in external appearance, and perhaps less variety in the scope of mental capacity, than those who cross and recross at pleasure, have more endurance in action, firmer attachments to purposes, and less desultory impetuosity. This is a physical truth. The explanation of it is difficult; but it may be illustrated and comprehended in some degree by those who study the animal fabric, and who are acquainted with the laws of animal economy. In brute animals, (horses, sheep and cattle,) the mixture of different races is observed to change the qualities, to improve the beauty, and to enlarge the size; it diminishes the hardness and the security of the physical health. In man, the mixture of different races improves beauty, augments the volume of the bodily organs, and even perhaps expands the sphere of intellect. It diminishes the power of enduring toil, and renders the habit more susceptible to the causes of disease.

MISCELLANY.

AN OPINION. At a meeting of seventy-one doctors, seventeen believed that diphtheria and membranous croup are the same disease; fifty believed them to be distinct; four believed that the diseases were so related as to preclude categorical replies. Forty-nine physicians stated diphtheria to be contagious, ten believed it not contagious, and twelve believed it contagious under certain circumstances. On sewer gas, or surface filth as creative or a special cause of diphtheria, the difference of opinion seemed evenly balanced. Who shall decide when doctors disagree?

PUBERTY AND INTELLECT. The developments of puberty, although shown at a certain age, are far from regular. Some individuals approach it earlier, others later in life. Intellectual maturity is subject to the same irregularities. Some are precocious, others astonishingly tardy in arriving at the usual degree of discretion. The intervals between the catamenial visits, although in general regular and fixed, exhibit remarkable deviations. All nature abounds with occasional departures from her general customs.--*Medical Intelligencer*.

MUSIC. History assures us that music possesses the power to soften and civilize almost the fiercest temper; it can nerve up the warrior in the hour of battle, and cheer the spirit and animate the heart of an almost disconsolate soldiery. Its medicinal power was to a great extent believed in anciently, as the medical writings of those times plainly indicate. Of its effects upon the mind of the listener, there is no room to doubt.

EMPTY HOUSES. A writer upon sanitary matters says unoccupied houses may become the breeders of disease. That he has observed typhoid, diphtheria and other zymotic affections to arise under these circumstances. The cause is sup-

posed to be in the disuse of cisterns, pipes and drains, the processes of putrefaction going on in the impure air in them, and the access of this air to the house, while the closure of windows and doors effectually shuts out the fresh air.

KINOVIC ACID. It is said that the presence of this acid in Cinchona is supposed to be the chief cause of its remarkable tonic power. The acid is said to be a most valuable tonic, producing no unpleasant symptoms. Its action is a direct promoter of vitality, especially upon the intestinal secretions, causing an abatement of peristaltic motion; hence it is claimed to be of great value in dysentery and diarrhoea.

CHICORY. The admixture of chicory in coffee is considered by some people as harmless; but sanitary commissioners in England say "that chicory produces a sense of weight at the stomach, languor and headache." It has, by an eminent Continental authority, been assigned as one of the exciting causes of amaurosis.

AIDS TO DIGESTION. State of mind is an important aid, as is also tranquility of temper, being apparently essential to quick and easy digestion. In addition may be mentioned the state of bodily health and the state of the weather.—*Family Physician.*

DILUTE MURIATIC ACID. Dr. Timms, physician to the North London Consumption Hospital, says that an obstinate cough, with expectoration, in a member of a consumptive family, unaccompanied by much general disturbance, is most successfully treated by twelve or fifteen drops of dilute muriatic acid in an ounce of water every two hours.—*Ex.*

WITCH HAZEL. This is a very reliable remedy in chronic cystitis, catarrh of the prostate, hemorrhage of the bowels, and chronic purulent catarrh of the bronchi. For the first named affection it is almost a specific, especially where there is purulent secretion of the mucous membrane.—*Indiana Medical Journal.*

COD LIVER OIL. This was long a popular remedy in various countries of Europe for rheumatism, and some other diseases; its use by the profession is comparatively recent. In 1782 it

was recommended in England for chronic rheumatism by Drs. Percival and Bardsley. It has now become a common remedy in this country in pulmonary and other troubles.


IODOFORM IN PHTHISIS. Rendu (translation in *Chicago Medical Review*,) orders phthisical patients who are irritable, or suffering from painful or spasmodic cough, one-third of a grain of iodoform in pill form four or five times a day, with at times great benefit.—*Chicago Medical Times*.

SNUFFLES. Sometimes babies suffer from the snuffles to that extent that it frequently interferes with their nursing. By rubbing the bridge of the nose with olive, or almond oil, the difficulty will be removed in a very few minutes.

RUST ON STOVES, As many persons take down, and put away their stoves in summer, it is well to know how to prevent their rusting. It is said that if they are wiped all over, thoroughly, with a cloth dipped in kerosene oil, they will not rust. It is worth a trial.

PERICARDITIS. The Tincture of Veratrum Vir., in inflammatory affections of the heart is an invaluable remedy. It not only controls the action of the heart, but also the inflammation.

STEEL INSTRUMENTS. To preserve them from rust, smear over their surface a mixture of equal parts of carbolic acid and olive oil. This plan is much used by medical officers in the navy.—*Ex.*



MEMORANDA.

1822. Dr. Isaac Rand died in Boston, aged 79 years
" Dr. James Tilton died in Delaware, aged 77 years.
" Dr. John Aiken died in England, aged 75 years.
" Dr. Israel Atherton died in Massachusetts, aged 82 yrs.
" Dr. Caleb H. Parry died in England, aged 67 years.
1823. Dr. Edward Jenner died in England, aged 74 years.
" Dr. Matthew Baillie died in Scotland, aged 63 years.
" Dr. William Aspinwall died in Massachusetts, aged 80.
1824. Dr. William Moore died in New York, aged 71 years.
1825. Dr. John Brooks died in Massachusetts, aged 73 yrs.
1826. Dr. Pardon Bowen died in Providence, R. I., aged 69.
" Dr. Nathaniel Coffin died in Maine, aged 82 years.
" Dr. Eneus Munson died in Connecticut, aged 92 yrs.
" Dr. Elisha Tudor died in Connecticut, aged 93 years.
1827. Dr. Samuel Danforth died in Boston, aged 87 years.
" Dr. J. Mason Good died in England, aged 63 years.
1828. Dr. Gall, scientist, died in Paris, aged 70 years.
" Dr. W. N. Boylston died in Boston, aged 78 years.
1829. Dr. Edward Holyoke died in Salem, Mass., aged 100.
1830. Dr. Robert Gooch died in England, aged 46 years.
" Dr. Ephraim McDowell, died in Danville, aged 59 yrs.
1831. Dr. Samuel L. Mitchell died in New York, aged 68 yrs.
" Dr. Thomas Welch died in Boston, aged 77 years.
1832. Dr. Gaspar Spurzheim died in Boston, aged 56 years.
1833. Dr. John D. Treadwell died in Salem, Mass., aged 65.
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EDITORIAL.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY. This society held its 21st annual meeting January 10th, when there was an unusually large attendance. The reports of the Secretary and Treasurer were presented, the latter showing that the financial condition of the society was in every respect satisfactory. The principal business was the election of officers.

OFFICERS FOR 1882:

President.—J. W. Towne, M. D., Charlestown.

Vice-President —J. D. Young, M. D., Lawrence.

Secretary.—H. G. Barrows, M. D., Boston.

Treasurer.—John Perrins, M. D., Boston.

Board of Examiners —Drs Spencer, Lloyd and Bills.

THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

The official report of this meeting, made by the Secretary will be found on another page.

THE BOSTON GYNECOLOGICAL AND OBSTETRICAL SOCIETY held its annual meeting January 24th, for the election of officers and the transaction of other business. The reports of the Secretary and Treasurer were read, showing that the society was in a prosperous condition. Two physicians applied for membership, and the applications were referred as usual to the Board of Censors.

OFFICERS FOR 1882:

President —E. E. Spencer, M. D., Cambridgeport.

Vice-President.—John Perrins, M. D., Boston.

Secretary.—H. G. Barrows, M. D., Boston.

Treasurer —G. H. Merkel, M. D., Boston.

Censors.—Drs Milbrey Green, F. L. Gerald, J. P. Bills.

After the completion of the business of the meeting, Dr. Merkel reported two cases of miscarriage, the first of which

presented a normal aspect; but the peculiarity of the second case was the extraordinary size of the cord, which was about an inch and a quarter in diameter. Dr. H. G. Newton spoke of septicæmia in which he recommended the use of *Gentiana Quinquiflora*, from which he had derived great benefit. Dr. Milbrey Green considered the Fluid Extract of *Eucalyptus* as a substitute for quinine in septicæmia, being in his opinion especially adapted to that difficulty. The discussion of these matters was continued until the hour of adjournment arrived, and many interesting facts were elicited.



WAYSIDE GLEANINGS.

At the annual meeting of the corporation of the Massachusetts Homœopathic Hospital, Charles R. Codman, Esq., was elected President, and Isaac Fenno, Esq., Treasurer. The report says that 209 cases had been treated, and that the percentage of deaths was but about four and one-third.

It is said that the American Association for the Advancement of Science will meet in Montreal, in August next. Dr. T. S. Hunt has been appointed chairman of the reception committee.

The corporation of the Boston Lying-in Hospital held its annual meeting recently, at which Uriel H. Crocker, Esq. was elected President and Henry E. Jenks, Esq. was elected Secretary.

"Food and Health" says that the manufacture of a great deal of our confectionery should be punished as a crime, for

much of the candy sold to children is simply a lump of white earth made attractive to the eye with arsenical paint and sweetened with glucose.

The Eclectic Medical Society of Kansas will hold their annual meeting at Topeka on the 14th of February, to continue three days.

The "Druggist's Association" held a meeting recently at the Revere House, Boston, when E. W. Cutler was chosen President, and Henry Canning, Secretary.

The Journal of Science says, that no beautiful or useful organic species, animal or vegetable, becomes naturalized in any country without human intervention, while the ugly and the noisome contrive to extend their range in spite of man's efforts to the contrary.

An English medical journal announces with joy the death of what it calls the carbolic craze, asserting that the use of the carbolic spray and other forms of applying the acid has done more harm than good.

Dr. M. S. Dean, formerly President of the American Dental Association died last month in Chicago. He was found dead in his bed and is supposed to have passed away while he was asleep.

The bad taste which has formerly existed in the Boston water, and which we supposed we had got rid of, has again returned to vex us.

Edward Hine wrote to the "Liverpool Mercury," saying, "I am willing to risk my reputation as a public man, if the worst case of small-pox cannot be cured in three days simply by the use of cream of tartar. One ounce of cream of tartar dissolved in a pint of water, drunk at intervals, when it is cold, is a certain, never-failing remedy. It has cured thousands, never leaves a mark, never causes blindness and avoids tedious lingering." Will some one try it? It can do no harm; now is a good time.

Dr. Holmes suggests "an endowment for the medical school," by which he of course means allopathy. A medical

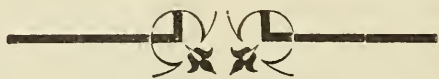
man on reading this remarked, "it is a waste of money to endow a medical system that is fast going to the wall, in order to make room for other systems which are more liberal and progressive. This seems to be *vox populi*, and will prove to be *vox Dei*."

A medical friend says that he has found equal parts of Sanguinaria, Gum Arabic, and Gum Myrrh thoroughly rubbed together, and used as snuff, an excellent remedy for nasal catarrh.

The Boston Globe correspondent says, "Vermont is being visited with a rush of epidemic diseases, and enumerates diphtheria in malignant form; scarlet fever in various sections of the State; a few cases of smallpox have been developed." He also states that at the last Legislature the House appropriated one thousand dollars for a Board of Health, but the Senate refused to concur. The State does not lift a hand, though entirely out of debt." A bad state of things must exist there.

The "Sanitary Engineer" says, "that the breathing of foul air in unventilated rooms has much to do with pneumonia, and that sometimes pneumonia is a true filth disease, although the connection would be suspected by few."

It is stated that aqua ammonia is a prompt and efficient remedy for insect stings, and that if applied soon the relief, is instantaneous. If delayed until swelling has taken place, the application must be repeated as often as the pain returns.



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No. 3.

THE PHILOSOPHY OF PAIN.

By H. W. Buxton, M. D., Worcester, Mass.

Nature has placed mankind under the government of two great powers, pain and pleasure. They point out what we *ought* to do, as well as determine what we *shall* do.

Pain offers every possible variety in degree, character, and duration. It runs through all the grades which intervene between a slight sensation of uneasiness, and insupportable agony. It may be dull, heavy, aching, sharp, pungent, throbbing, grinding or lancinating. It may be continued, paroxysmal, remittent or intermittent, regular or irregular in its occurrence. It may come in flashes and as suddenly disappear, or may continue a long time with little variation. It may be violent and frequent, but it is seldom both violent and long continued, and its pauses and intermissions become positive pleasures, for pain itself is not without its alleviation, so Cowper sings:

“There is a pleasure in poetic pains, which only poets know.”

Symptoms, are those effects of disease which are either sensible to the patient, or perceptible by the observer. Signs, are the evidences by which disease is made known. Hence

pain is a symptom of which the patient is sensible, while his cries and groans are a perceptible sign to the observer.

This feeling of pain is quite indefinable, and can be known only by those who have felt it. There can be no doubt that it resides exclusively in the nervous structure. Irritation or exercise, excitement of the nervous function may produce it either with or without vascular disease. Pain differs exceedingly in its modes of occurrence, degree, and character, and in its different varieties has received peculiar names, from certain real or supposed analogies.

When attended with a beating sensation, consequent upon the heart's action, it is called pulsating or throbbing; when with a feeling of tightness, tensive; when with weight, heavy; when with heat, burning. Under pain, finally, we may rank those general and indefinite sensations which are vaguely designated by the terms general uneasiness, restlessness or inquietude, anxiety or oppression,—sensations which indicate disorder of the nervous system, and are often useful as signs, in judging of the degree of pain in any particular case.

Physicians must not always be contented with the statements of patients, for they possess different degrees of sensibility, and feel with different degrees of acuteness. Some persons are little sensitive to painful impressions of any kind; others suffer really and greatly from slight causes; some make wonderful ado, others suffer in profound silence.

By the way, silent suffering is a thing often unknown to the world, for there is much pain that is quite noiseless, and vibrations that make human agonies that are often mere whispers in the roar of hurrying existence. There are glances of hatred that stab, and raise no cry of murder; robberies that leave man and woman forever beggared of peace and joy, but are kept secret by the sufferer,—committed to no sound, except of low moans in the night; seen in no writing except that made on the face by the slow months of suppressed anguish, and early morning tears. Many an inherited sorrow that has marred a life, has been breathed into no human ear.

Hallam says,—“Pain is the deepest thing we have in our nature, and union through pain has always seemed more real and holy than any other.”

Beecher says,—“We are not to seek pain, but when it is sent to us we are not to fret and grumble at it, but try to go

cheerfully along as though we did not feel it. It is for our good, our purification—for nothing is so purifying as pain if it be rightly borne.”

From this logic some of us may arrogate to ourselves a respectable degree of purity, and shall in no sense hereafter regard pain as a needlessly inflicted punishment.

Pathologists, I think, are agreed that pain is the expression of irritation of nerve matter. In itself a mere sensation, dependent upon a variety of causes. We are yet forced, very often, to rest satisfied with the knowledge of its existence, without being able to trace it back to its true source in the causality of disease, and at the same time its very vagueness too often serves as a cloak for ignorance, or as ground for deception.

While, in truth, all pain is perceived through the nerves, and is seated in the nerve, yet all pain ought not to be called neuralgic, or neuralgia. The true distinction between the two is, that in one instance the sensation is produced by some irritation acting locally on the terminal filaments of the nerves which are the normal recipients of it,—while in the other, it is caused by something affecting the trunk of the nerve, that bundle of fibres, large or small, which in a state of health does not receive but transmits the sensation.

Pain may be due to an excess of blood, or to an intensity of nerve currents; for, the violent excitation of any sensation is painful, although the moderate excitement is pleasurable. It is admitted, I believe, that pain is a more costly experience than pleasure, being accompanied by excess of blood in the brain arising from intensity of nervous action and conflicting currents, (both which are sources of waste,) it uses up vital force more rapidly and wastefully, than muscular or intellectual work. Mere excitement may detain thought, and impress memory, but it does not waste power as pain does.

The influence of pain in enfeebling the action of the heart is very great. It may actually arrest secretion, and, by allowing the accumulation of effete matter in the blood, may poison the nervous system and confuse the mind.

Pain often causes a turgid state of the vessels of the brain which renders sleep impossible. Miserable restlessness and irritability are thus engendered, which often gives rise to brain disease.

I repeat, that pain is the result or the expression of irritation of nerve matter. In different individuals it causes different manifestation. Some are intolerant of pain, and generally use big sounding words to express it,—as, “it is terrible,—dreadful,—intense,”—when in reality there is little derangement. Others, are callous and indifferent, and will scarcely admit that they suffer pain, when disease is present that can scarcely exist without it. This is one of the important points in the physiognomy of disease that has to be learned by the physician.

The power of bearing pain without exhibition of feeling, varies greatly in different persons, and in the same person at different times; and it cannot be doubted that, irrespective of relative fortitude, there is a real diversity in the nervous susceptibilities of different persons and races of mankind. To some, it is natural to be loudly demonstrative, and they, perhaps without less fortitude, cry out vociferously, where another man, or a sufferer of another nation, would not flinch. Besides, the very nature of the pain itself has considerable influence on this subject; for some pains are more readily borne with equanimity than others.

You have observed the irritability, both mental and physical, attendant upon a case of gout and rheumatism, in contrast with a case of consumption, or indeed a paroxysm of *tic-douloureux*. Although pain may be well-nigh intolerable, it is not therefore always an index of serious mischief; and though so acute and unbearable in gout and rheumatism, it is often altogether absent in far more fatal maladies.

The character, as well as the intensity of pain, varies too according to the structure involved. Thus, if the pleura is inflamed, the pain is stabbing or darting; if in the conjunctiva, the pain is gritty or itching; if in the lining of the stomach, the pain is burning and gnawing. So, as already hinted, the existence of extreme pain cannot be taken as an evidence of the severity of a disorder. And yet, pain is of great value to the physician as a sign or symptom of disease, indicating to him by its situation the organ affected, and by its character and intensity the nature of the complaint. But it should be borne in mind that though of real value in assisting diagnosis, pain is a symptom very apt to mislead.

The seat of pain is not always that of the disorder whence

it originates. An irritating cause may be either at the source, or along the course of a nerve, or at its termination, and yet be felt at the same spot. Thus, pain in the knee is common in hip disease; in the shoulder from disordered liver; in the arm from heart affection; in the larynx from accumulation in the lungs; in the sacrum from disease of the uterus; in the meatus from stone in the bladder, etc.; and these sympathetic pains form an important group.

Pain also often occurs long after the cause to which it is due has passed away, and if this fact were more generally realized we should be better able to avoid what is harmful.

Notice, that muscular stiffness is often greatest two or three days after the exertion which caused it; so it is with regard to headache after over-work; so in regard to the common form of sick headache, in its relation to the last food taken. These considerations suffice to show the necessity of inquiring into a patient's history, and in doing so we shall often find that the precursory symptoms, or the circumstances which have seemed to give rise to the difficulty, throw great light upon its causes.

By general pain we mean pain or aching, not limited to particular organs, but irregularly distributed over the body, and is commonly an indication of general disorder. Local pain is either direct or sympathetic. Examples of local irritation are found in toothache, muscular rheumatism, painful digestion, painful menstruation, etc.; and this leads us to regard pain not only as a cause of the expenditure of vital force, but also a consequence of the faulty removal of waste products; hence we should always give early attention to pain, and discover its causes before they become too complex to be unraveled, and before the derangement which its presence indicates becomes permanent.

We must not school the body to bear pain under a mistaken notion that resignation, for its own sake, is a virtue to be cultivated, but take steps at once to find out and avoid the cause. Pain tells us that the bodily machine is out of order and needs attention; and to nothing does the old adage apply more truly, that "a stich in time saves nine."

As philanthropists we are naturally led to consider the treatment of pain, and cannot fail to see the importance of sound views as to its origin and nature.

If pain were due to an "excess of life," then it might be a right practice to attack it with lowering remedies; but since it is really dependent on deterioration of the vital processes, our aim must be to restore rather than to destroy, to build up rather than to pull down.

In self-dependence and independence we, as a class of physicians are bound to meet this common adversary with remedies which have proved to be the most efficient, safe, and excellent. It might be interesting, did time permit, to point out some of these remedies and their action, usually adopted to attain this end. They are more numerous than we might, without thorough and patient investigation suppose them to be. They include all medicines and agents which we make use of to soothe pain, or morbid excitement of the nervous system.

Among the common and certain means at our disposal for annihilating pain, and lessening the sufferings of our patients are narcotics, taken internally and by hypodermic injection, and anæsthetics by inhalation. Of these agencies much has been written, and to a few of these writers I will refer.

Charles A. Wheeler, M. D., says, "nothing has done so much in the domain of domestic surgery, and in painful and convulsive disorders as anæsthetics, and sub-cutaneous injections of morphine."

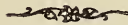
J. Y. Simpson says, "the boon of oblivion induced by the administration of anæsthetics, accounts for the great extent the practice is now carried to, of wrapping men, women, and children in a painless sleep, during some of the most trying moments and hours of human existence, and especially when our frail brother-man is laid upon the operating table and subjected to the tortures of the surgeon's knives and scalpels, his saws and cauteries."

Dr. H. G. Newton says, "I do not undervalue pain as a diagnostic symptom, or when it exists in the relation of a sentinel, warning us of the loss or danger of the integrity of some portion of the body. No anodyne should be employed to interfere with, or prevent the office of pain; but it is our duty to lessen the full amount of pain and suffering in the world; and it is within the legitimate province of the physician with narcotic, anæsthetic, anodyne and sanative measures

and agents, to alleviate suffering, and facilitate the final recovery of his patient.”

Finally, the discovery and application of remedies for this poetic “harbinger of mischief” has been a problem, pending the solution of which the whole creation still groans and travails in pain.

(We regret that lack of space prevented the publication of Dr. Buxton’s paper in full; we have presented some of its most prominent features, and we doubt not that this much will be read with interest.—*Ed.*)



SCARLET FEVER.

By J. M. Hole, M. D., Salem, Ohio.

This disease is one of fearful fatality when its most serious forms are visiting localities favorable to an epidemic. It has been my experience in several different years of my professional life, to find scarlet fever one of the most, if not the most fatal disease I have ever met with, especially among children and young people; and when it assumed an epidemic form, as it did in 1849, in 1853, in 1857, and in 1861 in eastern Ohio. The mortality was fearful in 1849.

I have seen cases of fat healthy children die in an hour, from the apoplectic form of the disease; indeed, the child would be playing as in usual health, and lie down to sleep, and when discovered was in “articulo mortis.” Very fat

robust children were taken off that way. Prof. Marshall Hall of London, calls such cases "apoplectic scarlatina." In that year sometimes a whole family of five to eight or more children would have the disease, and often one half if not more, would perish, and it lasted about six weeks or two months before it spent its force, commencing about the fifteenth of March.

Again, the second epidemic, in 1853, was nearly or quite as severe and fatal as that of 1849. It produced lamentation and mourning in many a household that year.

To properly illustrate the case I will say that we have three forms of this disease, usually starting with the first and continuing to the most serious. *Scarlatina simplex*, *scarlatina anginosa*, and *scarlatina maligna*, are the names descriptive of the forms, given by some authors.

In both those years to which I have referred, we more frequently found our patients in the malignant form than any other, with a putrid sloughing sore throat, and often the greatest care had to be used in applying poultices to the external portions of the throat, or you would have a sore on the outside that would look blue and livid with gangrene in a few days, if your patient lived any length of time; and those who got well often were left with running sores, and some were nearly blind and deaf with the sequelæ. Those who had only the simple form, often had dropsy or general anasarca follow it, while some recovered entirely; and I have seen little girls and boys, after becoming convalescent and yet very weak, sit up in bed and pick the skin off their arms and hands in great flakes, almost like the skin of a snake. These are "plain unvarnished statements that I could verify by hundreds of living witnesses." So severe was the fever that all the outer skin peeled off of those who recovered after a serious form of the disease.

I was at that time governed mainly, in my treatment of scarlet fever, by what I got from Allopathic authors, as Dr. Marshall Hall of London, Drs. Watson, Eberle, Belt and Stokes, Wood and others. I also had been casting about to find, if it were possible, a better way to manage this fearful malady. I came across a lecture delivered by a Dr. Merrill, of Columbia, S. C., "On the causes and treatment of Scarlet Fever." As it seemed to have some merit in it, I determined

to give it a trial on the first opportunity. In the epidemic of 1857, I had a family of twelve children, eleven boys and one girl; two of the younger boys were down with scarlet fever, and when I was called to see them I found that all the older children had been sent away, except these two boys, and the girl. The boys were five and seven years of age respectively, and the girl was nine years old. I began the usual treatment with the boys, fearing to try Dr. Merrill's plan. They grew rapidly worse, and seemed to indicate fatal results. Both cases were of the malignant kind. The family were Dutch people, and I had their entire confidence. I observed at each visit that both of the old people were very tearful that Mary, the daughter, would take it and die. At length the old man said,—“Doctor, if Mary gets this she will die sure.” I replied that “I would have her treated differently if she took the fever. I would grease her from head to foot often, with hog's lard.”

“Oh,” said he, “I see dat in my Dutch almanac; good, good!”

When I called the next day, sure enough, Mary was down in a perfect blaze of fever. I directed her mother to get a saucer of hog's lard, melt it, and commence at her head and bathe her all over her body and limbs, using the lard freely. I left a gargle, and also administered a dose of castor oil. I also ordered fifteen drops of sweet spirits of nitre to be given once in two hours, and chlorate of potash to be used freely. After she had been thoroughly anointed I ordered her to be rolled up in a muslin sheet with a light woolen blanket over her, and in four hours to anoint her again with the lard, and to continue it once in four hours until the next day.

Upon my return I found Mary doing splendidly, her fever nearly gone. I ordered a continuance of the medication, but not using the lard as frequently as before. In ten days Mary was up and comparatively well, while the poor boys were lingering between life and death, not yet knowing which way it would result with them; but after some three weeks they got up, one deaf for life, while the other had sore eyes for six months or more.

This case of the little girl gave me great hope, and from that day to this in all cases, and at any stage of the disease, I have anointed from head to foot with hog's lard, and fol-

lowed the treatment I have named, and I have lost but very few cases since, with any form of scarlet fever; and I have told hundreds of persons, physicians as well as others, who have had grand results in this disease.

Some years ago I was in Philadelphia where I met a friend who, with a sorrowful look informed me that "he had lost, by scarlet fever, all his dear little children but one, a boy six years of age, and he now lies at the point of death." On inquiring how bad he was he replied, "the doctors say, (and I have the best in the city,) that he cannot recover."

"If that is the case," said I, "they will not refuse to allow you to try a Western cure for scarlet fever."

"Oh no," said he; "what is it? Can there be any hope?"

To this I replied, "from what you say of his case, I should expect to cure him if I were treating him."

I then told him how to proceed, and he went immediately home after promising to report the results. When I met him the next day he seemed much more cheerful, and said, "Doctor, I told my physicians about what you advised, and they said all right, try it; he cannot get well with our treatment; so they *did* try it, and the poor boy said to me,—Pa, do see that Ohio man and thank him, I am so much better than yesterday."

The boy in a few weeks recovered, is now living, or was a few years ago, an active business man; and his "Pa" thinks it a God-send that he met me.

Let any one try it; the fever spends itself on the lard instead of the boy; such is the hypothesis, and if the fever is very high, the body after inunction will, in three or four hours present no greasy appearance, but little hard lumps or casein of the lard will be found all over the body, like little shot, deprived of all their oily character.

But I have greatly extended this article, yet I could not get it properly before my medical brethren without it. I took my dates from my books of the time, and if any medical man tries this faithfully and it does not prove a grand surprise to him, I will say he cannot be easily surprised, but what is better he will save many more patients by it. My motto is "cure," even if it is hog's lard.

SURGICAL PRACTICE.

Surgery, as practiced in America at the present day, has become an almost distinctive branch, and does not enter into the general practice of the physician to anything like the extent that obtained in former times.

Formerly, it will be remembered that the physician was expected to extract all the offending teeth of his patrons, and the *bill-hook* and the *forceps* constituted about the sum total of the doctor's instrumental armament. Now, we have dentistry as a distinct branch, including the manufacture of artificial sets of teeth for all who have the misfortune to lose their masticators.

All our respectable and reliable dentists, both operative and mechanical, are now men who are educated for their profession or specialty, and, availing themselves of every useful invention and improvement, are supplied with an instrumental armory which enables them to perform every operation that falls within the legitimate scope of their profession.

It was thought, many years ago, that any man who knew enough to remove an old post from its fixedness in the soil, and owned bill-hook and forceps, and dubbed himself a dentist, was qualified to extract teeth under any and all contingencies.

But within a period of not many years, opinions upon this point have greatly changed, and few are now found who are willing to sit under the operating hands of any but a qualified, graduated dentist.

So too we find that the treatment of the eye and ear has become a specialty, we might truthfully say a distinctive branch. Ordinary cases of eye and ear difficulties are in many cases treated by the family physician; but there is a class of graver cases that, as a rule, are sent by advice of the family physician, to the oculist and aurist whose entire professional energies are directed to the treatment of these important organs.

As it is in the citations already made above, so it is in regard to the graver, and what are termed the capital operations in Surgery. Minor surgery is practiced to a greater or less extent, by family physicians, but the more complicated and important operations are referred to that class of physicians among us who are denominated surgeons, and recognised as those who devote their entire labors to this branch of medical science. And we cannot forbear adding that it is well that it is so, as it would be next to impossible for the general practitioner of medicine to devote his attention to surgical cases, which often require close application, to the neglect of those who place themselves under his care to be treated for the various forms of disease.


Who can truly estimate the value of the educated, skilful surgeon? Although none may desire to come under his operating instruments, still, when the necessity presents, who will *not* admit that he is an inestimable blessing to the community? Consider what it has cost him to become a qualified surgeon; a skilful and expert operator. Many a year of tireless devotion he has spent in acquiring a knowledge of anatomy in all its minutest parts. When having an important case in hand upon which he is soon expected to operate, how many sleepless hours has he passed in painful anxiety; and how many more have been spent in searching authorities touching the best method to be pursued in the execution of his duty, and learning the probabilities of the success of his operation, from cases where the results of like operations have been recorded. The position of the surgeon is far from being an enviable one.

It is a common occurrence for persons laboring under physical deformities, or are otherwise afflicted in a manner that requires surgical advice, to apply to the surgeon to know if a surgical operation may not rectify the deformity, or remove the difficulty. The surgeon gives the subject due consideration, and devotes to it his best thoughts, and gives an opinion. The subject is discussed and the applicant decides upon the operation. It turns out that both patient and surgeon are disappointed in not procuring the perfect result that was desired and expected. What follows? That which has become quite too common; the cry of "malpractice,—an unskilfull operation" is raised, and some unprincipled lawyer

will be found to press a suit for damages, and the surgeon is put to the expense of defending himself in one of those suits, which fortunately, the complainant rarely wins. But, to gain a suit is poor pay for the surgeon whose reputation as an operator has thus been called in question and jeopardized, to say nothing of the loss of time and expenditure of money in maintaining his defence.

On the part of the patient, can ingratitude go beyond this? After soliciting the advice of the surgeon, and being informed of the possibilities, to repay the surgeon in a style like this is truly the height of ingratitude. And yet the medical journals, and the secular press often record similar attempts, made on purpose not only to evade an honest bill, but to recover damages because the case did not result as favorably as was expected.

How can such malicious prosecutions (for they are malicious,) be brought to an end? Neither the public, nor the courts can protect the surgeon from such action. The only way left is for the surgeon to protect himself. Let no surgeon perform an operation, which in its results may be doubtful, upon any person until he first procures a written statement or declaration, sworn in due form, that, if the results are not as satisfactory as expected and desired, the patient will not by himself, or cause or allow others if he can prevent it, commence or approve any suit for damages against the surgeon. If this course, or some other equally protective is not taken, no qualified and skilful surgeon will be found who will be willing to perform a formidable operation and accept the attending liability.



AN ABUSED RACE.

It is not an erroneous statement to say, all things considered, that infants, as a race, are abused. They are unable to speak for themselves, and who shall speak for them, if not their elders? They are an "army of little martyrs" in more senses than one. Born in a state of helplessness and dependence, they are under the necessity of receiving just such treatment as those having the care of them are disposed to mete out. They can enter no protest against bad treatment, nor offer any rebuke for persistent neglect; but must submit to the force of circumstances, and suffer in comparative silence.

Nature, love, and duty unitedly point to the fact that, in all possible cases, mothers should suckle their infants; but there are too many mothers who, on one pretence or another, endeavor to shirk this duty. Not that they, from ill health, or any other just cause are unable to fulfil this mission, but simply because they do not wish to do it. Where there is one mother who is unable, from a legitimate cause, to suckle her infant, there are ninety-nine who are in every respect able to do it. What the proportion is, of those mothers who are fully and perfectly able to do this duty, but decline it, there are no statistics upon which to base an opinion. Many mothers are too prone to turn off their infants to the care of strangers. The evening party, the place of amusement, the reception of company,—these cannot be put aside or given up, and as a consequence the little dependent is turned over to stranger hands to receive that care and those attentions which God ordained should fall to the lot of the mother.

Where is that sentiment of tender affection which was lighted up in the maternal heart when the little stranger made its entrance upon life? Where the anxious solicitude felt at first for the life of her helpless offspring? That the

flame has gone out, and the solicitude departed, receive proof in the fact that the mother has thrust her infant from her, and delegated her duties to one who cannot possibly have for her child a mother's love or devotion. Let mothers pause and consider well, before they consent to take such a step.

The mode of dressing infants is not unfrequently a source of suffering, and to this the helpless little one must of necessity submit. It is not necessary to allude to the tight and uncomfortable swathing to which the babe is so often a victim, for this is no uncommon thing, and betokens a great lack of judgment on the part of the mother who practices it. Notice the manner in which tender infants are often clothed for show. The neck and arms naked, with what little sleeve there is looped up upon the shoulder, and this too entirely regardless of the state of the weather. If the baby looks cunning, the mother is pleased; and if it suffer from cold, or its health is jeopardized, that is a secondary consideration, and of minor importance. But let such thoughtless mothers bear in mind that infants suffer with cold as well as themselves, and that the child's power of endurance is much less than their own.

The opposite extreme of too great heat causes suffering to the child. To find an infant asleep in a room, covered with flannel blankets, with the thermometer at 80 degrees, does not betray much judgment in the one to whom the care and safety of the babe is entrusted.

Touching the matter of dressing infants, the remarks of Dr. Mercy B. Jackson, who speaks from a female's stand-point are so just and true that they are deserving of a repetition in this place. "The special evil of which I speak is the long skirts, dresses and cloaks which are now the fashion for babies. I feel the deepest commiseration for a delicate child that has hung upon its tender body a flannel skirt a yard long, and over that a cotton skirt equally long, and over that a dress to cover both, often weighted with heavy embroidery, and, if the child is carried out, a double cloak longer than all, so that the skirts reach nearly to the floor as the infant is borne on the nurse's arm. The longer the clothes the more aristocratic the baby, would seem to be the idea of the mother! Think of all this weight attached around the waist of the child, and hanging over the little feet, pressing down the toes

and even forcing the feet out of their natural position! How much of deformity and suffering this fashion produces none can tell; but that it is a great discomfort to the baby every thinking mother must perceive. High necks and long sleeves are now fashionable for babies; but how soon they may be laid aside for low necks and short sleeves cannot be foreseen. That will depend on the enlightenment of women. To expose the delicate chest and arms of a young child in our cold, changeable climate is often to bring on pneumonia, and greatly to lessen the chances of life. And should life be spared, there will be sleepless nights and anxious days for the mother, as well as great suffering for the child."

The practice of drugging infants is a most wretched one, and may lay the foundation for serious difficulties in after life, should the child successfully struggle up through its babyhood. The cases are rare when it is necessary to administer drugs to an infant, and when it is it should always be done under the advice of the family physician.

To keep a closet supplied with medicines with which to drug an infant on the appearance of every ache and pain, is a practice that ought to be condemned by every physician, and discarded by every sensible and judicious mother.

The custom of administering those infernal concoctions for the purpose of forcing babies to sleep, is an abominable one. They are all got up to sell, and weak minded mothers and nurses buy them and administer them to innocent little children, in perfect ignorance of the articles that enter into their composition. There is scarcely a physician but could give you many and many an instance of evil produced by the use of these dangerous nostrums, and many a mother has sent her child prematurely out of the world by her fool-hardy adherence to their use. Never give your babe opiates in any form, (and all these vile nostrums contain opiates,) without first consulting your family physician. Even if, under your ignorant exhibition of any of these nostrums, your infant should escape immediate evil, yet remember that there are remote evils following such a course, that will crop out by-and-by, of which the writer would like to advise you did time and space permit. The only safe course for you to follow is to discard them all, and never admit the nostrums into your nursery.

Babies sometimes suffer for lack of proper exercise. They need exercise as much as those of larger growth. For the mother or nurse to walk with it, in the open air, when the weather is proper, gives it very desirable exercise, and the open air will invigorate and strengthen it. The carriages that are now in such common use, are a good means of obtaining exercise and a change of air, and are doubtless beneficial provided the method is not abused; and that it is, and that children are often injured by the use of the baby-carriage, any experienced physician can convince you. When the tender eyes of the infant are exposed to the glare of the sun, as is often the case, a serious injury is done the child. To expose it to a strong, raw wind as is also often the case, and even to leave the child asleep in the carriage, and thus exposed, while the mother or the nursery-girl calls at a shop, or gossips with a friend upon the windy street, is an act that cannot be performed with impunity. In regard to these matters, mothers who ought to know better are criminally thoughtless.

There are very few out of the large number of nursery girls employed who possess the first qualification for the care of infant children. They not only do not hesitate to neglect their charge, but they have also been seen to shake or slap an infant who cried, perhaps from its long confinement to one position; and what better could be expected of one who simply works for hire, and perhaps possesses not the slightest affection for a child, and makes the duty she is charged with performing in the open air, only an occasion for enjoying herself.

Babies not only require good air when awake, but so also when asleep. Small sleeping rooms are not healthful for infants; and covering over their heads and compelling them to breathe an air vitiated by their own breath and the exhalations from their own bodies, is a most pernicious practice. The case is much worse when the child occupies the same bed with its parents. When the child has been nursed it should be laid away from the parents, in a crib beside the bed, properly covered without excluding the air of the room from its face, and its sleep will be peaceful and strengthening.

Blessed is that mother whose sense of duty prompts her to devote herself, so far as she possibly can, to the care and

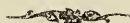
nurture of her offspring. It gives her the surest guaranty she can have for the prolongation of its life, and saves it from the "*tender mercies*" of irresponsible nursery girls

There are a thousand things more that might, and ought to be said; touching the care and protection of this "abused race," these specimens of diminutive humanity, but more cannot be said at the present time. If mothers who read this article will lay to heart the important things herein presented, some little good at least may be accomplished.

RAPID BREATHING AS AN ANÆSTHETIC.

Dr. M. T. Yates, in a letter published in the Biblical Recorder, says of the surgical operations to which he has recently submitted, "My doctors said that they had seen it stated by an American doctor that if a person would breathe as rapidly as possible under an operation, he would not feel the pain of cutting, and they wished to try it on me, to which proposition I assented. Dr. Macleod superintended the breathing—which was like that of a dog on a hot summer day—holding, out of my sight, a handkerchief in his hand to be dropped as a signal—when he saw the color come in my face—for Henderson, the operating doctor, to go ahead. When Macleod told me, 'That will do,' I was surprised to find that the operation had been performed. This I have tried three times, and have not, at either time, felt more pain than is usually inflicted in the case of vaccination. I heard the knife rip through the flesh like the sound produced in cutting leather, but I did not feel the pain. What is the philosophy of this kind of an anæsthetic? Is it simply a diversion of the mind?" We presume the rapid breathing acts very much like the inhalation of laughing gas; that it oxydizes

the blood more highly and makes the heart beat faster, as shown by the color in the face, and this exhilaration produces insensibility to physical pain. A man slightly wounded in battle often does not know it at the time—partly, perhaps, because of mental preoccupation, but mainly, we suppose, because he is toned up by the excitements of the conflict. But, whatever may be the explanation, Dr. Yates' experience is an instructive instance of the connection and interaction of the bodily estate and mental sensibility.—*Richmond (Va.) Religious Herald.*



CREMATION.

Despite all the efforts made by the advocates of icineration within the past decade or so, we still bury our dead. The crematory at Washington, Pa., remains in service, but demands for its use are infrequent, the remains of only five persons having been passed through the retort during the past year, and only fourteen since the furnaces were put up. There have been a number of contributions to the literature of cremation within a year or two, the most important of which was a paper read before the Williamsburg Philosophical Association, in which cremation was considered as a remedy for the extortions of undertakers and others whose services are required in mortuary rites, as well as for the shocks which our sensibilities receive from time to time when the abuses practised in Potters' Fields and charnel houses are brought to light. The general mind in this country, however, has not yet been brought to believe in the necessity of a radical change in the method of disposing of the dead. Abroad this necessity is steadily receiving wider recognition,

because of the crowded state of the cemeteries, the earth in which has in some cases been exhausted of its absorbent qualities. Cremation furnaces have been set up in several large cities in Italy, and the use of these has gradually increased within the past five years. The cost of the service there is much less than here, the prices varying from six to ten dollars, while forty-five dollars is the price set at the establishment in Washington, Pa. The system has lately encountered opposition on scientific grounds from a writer at Paris. He contends that there is more carbonic acid gas thrown off from the lungs of living people in the city in one day than from all the bodies in all the cemeteries of Paris in a year, and that the other gases generated in burial grounds are of comparatively small volume, and would be obnoxious in any event.—*Secular Press*.

—1863—

ACTION OF COFFEE AND SUGAR IN DIGESTION.

M. Leuen makes a report before the Paris Biological Society of the effects of these articles of food, in connection with Dr. Semerie. There is great diversity of opinion on these subjects. Some, as Trousseau and Pidoux, consider coffee an excellent digestive. Others, on the contrary, consider it very injurious.

M Leuen thus writes: He mixed 30 grammes of coffee in 150 grammes of water, for a dog, which is killed three hours after. The mucous membrane of the stomach is found pale, discolored, and profoundly anæmic. The vessels on the internal surface, as well as those in the periphery, are contracted. There remains 145 grammes of the mixture undigested, and the stomach digestion diminished, because the contraction of the vessels, and the consequent anæmic condition of the

mucous membrane, prevent the secretion of the gastric juice. The abuse of coffee will produce dyspepsia. Thus the English and the Dutch, who drink freely both of tea and coffee are very dyspeptic. Coffee increases the cerebral functions, an effect, useful, agreeable, and innocuous.

Sugar has been denounced by modern chemists as a substance whose effects on dyspeptics are deplorable.

Dr. Leuen does not partake of these fears. He cites the case of a dyspeptic doctor, who for twenty years had a terror of sugar, but who now consumes 120 grammes ($3\frac{3}{4}$ oz.) of sugar daily, without inconvenience. He followed similar experiments with sugar. A dog ate 80 grains of sugar with 200 of other food. Six hours afterwards its stomach showed little food. The mucous lining of the stomach was red and highly congested. The congestion of the liver was notable. If one opens an animal after eating 200 grains of food and no sugar, 90 to 100 grammes of food is undigested. Sugar, then, favors the secretion of the gastric juice. Coffee sweetened loses part of its defects.—*Le Medecin Practicien*. —*Scientific American*.



IMPURE ICE.

As to whether the germs of disease remain in water after it is frozen, the following article will afford some light :

"So sure am I," said Dr. A. N. Bell, editor of the *Sanitarian*, yesterday, "that ice may be unhealthy, that I never on any account put any in my drinking water. I fill bottles with water and put them upon the ice, and should advise every one to do the same. This is not a new subject. It was taken up several years ago by Dr. Rochester, of Buffalo. He was the first that demonstrated that ice was dangerous to health if taken from ponds containing foul water."

"Can one tell from the appearance of the ice whether or not it is unhealthy?"

"No; the germ forms, as they are called, are impalpable, without color or form, and are as likely to be found in clear, bright ice as in that which is discolored."

"Suppose ice which contained elements of disease was used for packing meat, would meat be contaminated?"

"Undoubtedly it would, and frequently is, I have no doubt. Impure ice is generally that taken from shallow country ponds near the grazing grounds of cattle, or, as is frequently the case, ponds that receive the drainage from a cesspool, and this is cut and used for packing poultry. In such a case the poultry would be unhealthy. Even ice cut from the Hudson, if taken too near the city of Troy, would not be perfectly pure."

"Do you know anything of the experiments of Professor Pumpelly, at Newport?"

"Yes, but his experiments were mainly to ascertain whether impure water became purified by draining through soil."

"What was the result?"

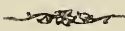
"That the filtering through soil was not effectual. Dr. Napother, of Dublin, had previously demonstrated that the elements of typhoid fever could be carried on the surface of water for a long distance. A man died of typhoid fever after drinking from the waters of a stream, and the doctor traced up the stream for a mile and a quarter to the residence of a man ill with typhoid fever. The conclusion was that the germs of the disease had floated down the stream upon its surface."

"Were there not experiments at Newport in relation to impure ice?"

"Yes, the experiments of Professor Pumpelly were made by the direction of the National Board of Health, but he was also a member of the Sanitary Protective Association of Newport, and his experiments as to the passage of water through soil convinced him that a certain pond contained unhealthy and impure water. There had been a company formed which proposed to cut ice from this pond, and the association prevented it."

"How as to your experiments with super-heated steam?"

"I used steam as a disinfectant thirty years ago, when I was a surgeon in the United States Navy. It is now an accepted fact everywhere. While I was Quarantine Commissioner I had a room prepared on the Hospital Island in the Lower Bay where clothing and bedding might be subjected to a bath of steam and effectually disinfected. I am convinced that a temperature of 200 degrees will effectually destroy all germ forms of disease, and that the use of superheated steam is the most effectual method of disinfection."—*New York World*.



HEALTH HINTS.

It is painful to notice that mankind generally, in the enjoyment of health, pay so little attention to its preservation. When we see one with a constitution broken down through his own imprudence, a prey to disease, resorting to bathing, riding, walking, in fact doing everything to woo a return of health, we often think that if this course had been prescribed by the physician for the purpose of preventing disease, he would, in all probability, have treated it with contempt or entire neglect. Herein mankind exhibit their weakness, folly, and want of foresight, when better things ought to be expected of them.

Parents should do all in their power to prevent diseases; and when a child is sick professional advice ought to be immediately sought. Children's diseases are in general rapid in their progress, and delays often prove extremely dangerous.

By throwing off thick clothing too soon in spring, and putting in on too late in autumn, we run the risk of having fevers in summer, and colds in winter.

Experience has taught, and the peculiar construction of the digestive organs in man establishes the fact, that a proper combination of a vegetable and animal diet, is the one most friendly to the human constitution, and the best adapted to preserve it in a proper state of health and vigor.

To enjoy life in the true sense of the term, is to commit no act but what we know from a critical examination of its effects upon the system, will tend to preserve and invigorate the powers both of body and of mind.

Aged persons, not physically unable, should never give up their exercise. They require it for the preservation of their health, but it should be of a gentle description, and such as does not lead to fatigue. As a matter of choice, walking is the best where it is admissible.

Change of ideas is as necessary to health as change of posture. When the mind dwells long upon one subject, especially if it be of a disagreeable and depressing nature, it injures all the functions of the body. Therefore be as cheerful as possible.

Dr. Johnson says, "As it is more easy to remove disorders in the beginning, than when they have taken deep root, so it is very important, both to the patient and physician, to detect the lighter shades of what may go on, in the end, to confirmed hypochondriacism." It is important therefore that such as feel sick and gloomy, and yet have no established disease, should seek aid from the proper professional source before their condition becomes fixed.

Physical education is all-important; its object is to secure that vigor of body which is indispensable to the performance of other duties, and that permanent strength of constitution, without which there is little hope of happiness or usefulness.

The foregoing are but a few of the many hints that might be offered, but if they are perused and considered by our non-professional readers, though unconnected in the manner of their presentation, they will induce thought and may be productive of good.

T O N G A .

Allen & Hanburys versus Parke, Davis & Co.

We have recently learned that a suit has been pending between the above houses touching the use of the name "Tonga" as designating a medicine made and sold by these two establishments. The former house claimed to have a copy-right, or patent, giving them the exclusive right to the use of the name "Tonga," and that Parke, Davis & Co. were infringing by applying that name to the article manufactured and sold by them.

It is well known that Parke, Davis & Co. have contributed to the medical profession, very largely, in the presentment of various new remedies which have been found of inestimable value in the treatment of some forms of disease. It is also known that this firm is composed of high toned, honorable gentlemen, engaged in a legitimate business, sustaining a reliable reputation among, and extensively upheld by, the medical profession, and they could ill-afford to resort to any illegitimate or underhanded act that would necessarily work destruction to their world-wide fame. Judge then of our surprise when it came to our knowledge that Parke, Davis & Co. had been acting in an illegal manner by assuming a trade mark which was legally claimed by another establishment.

Of the firm of Allen & Hanburys, we know nothing, having never heard of them before this suit occurred. Nevertheless, we had used "Tonga" rather extensively, but the bottles all bore the label of Parke, Davis & Co.

In common with many of the medical profession who feel an interest in the advancement of legitimate preparations, and a hatred of all patented medical articles or agents, we were curious to know if we were using the product of legitimate pharmacy, or were sustaining a house simply engaged

in the manufacture of articles popularly known as nostrums.

On investigation, it seems that "Tonga" is a general name for "a combination of barks made by the natives of the Fijii Islands and medically used by them as a remedy for neuralgia."

We also find that "Tonga" is the name "of a group of South Sea Islands," and is not the name of the article composing this medicine.

"Tonga" then seems to be but a name of distinction and is not the specific name of the compound, and therefore, as has been decided (so we are informed,) can not be the subject of a trade mark, or patent, so that Parke, Davis & Co., or anybody else can put up and sell "Tonga" without let or hindrance.

Perhaps many firms, when threatened with being driven to the wall, as were Parke, Davis & Co., would have succumbed, or compromised, or taken some means to avoid litigation. But no; there was a great principle involved in this matter, and this firm was either acting fraudulently in sailing under a patent belonging to another, or else they were acting in good faith, and looked to the establishment of their position before a legal tribunal competent to decide upon the legitimacy of that position.

The test came, and their position was endorsed by legal authority, and the escutcheon of the fair fame of Parke, Davis & Co. remains unsullied. The court decides that there is no such thing as a property in the trade-mark "Tonga," and so it would seem the prosecuting house had finally decided, by withdrawing their suit and assuming the costs.

Parke, Davis & Co. are worthy of all praise for the decided position assumed by them. It is hoped that this trial will prove an effectual check on that system of copy-rights, trade-marks, and patents, "which is sapping the very foundations of legitimate professional medicine and pharmacy;" and it is to be hoped that there will be "a more general rallying on the part of the medical profession to the support of the plucky firm, which single-handed, entered this fight in support of professional interests."

We have always held this manufacturing house in the highest esteem, although we have no personal acquaintance with any members of the firm; but we have always con-

sidered, and so far as we have used, their preparations reliable and pure; and we greatly rejoice that they have come out of this ordeal, this legal overn, without so much as "the smell of fire upon their garments."

INHALATION OF IMPURE AIR.

The deleterious effects on the health of the people, which are produced by the inhalation of impure air cannot be over-estimated, and should always be regarded as a fit subject for study and public attention. Scientists have devoted much time in ascertaining the necessary data for the establishment of some fixed rule of action and have made undoubted progress. Professor C. F. Chandler has just delivered an admirable lecture on the subject at Columbia College. He says it is a mistake to suppose that bad air sinks to the bottom of a room. In his judgment air "intermixes, and there is no such thing as stratification of gases. The air of a large city is full of dust, and the nearer to the ground the greater the dust. Air boxes of furnaces placed at front basement windows suck in a great quantity of this dust, and so distribute it cooked throughout the house. These boxes should be run to the back yard to a shaft twenty feet tall." He dwells upon the evils of sewer gas, which we have hitherto exposed, and thinks that there should be a trap between every house and the sewer, a ventilating pipe to the roof and traps with air pipes beneath every sink. Coal gas comes in for severe condemnation at his hands. He contends that the damper between a fire and a chimney is a diabolical invention, because it cuts off the escape of the coal gas and forces it into the room. The fire should be regulated, he claims, by closing the stove at the bottom and opening the upper door. Professor Chandler makes the startling statement that of the 30,000 deaths a year in New York one-half are unnecessary. There is no doubt that the death rate will lower steadily as knowledge increases among the people about this and kindred sanitary questions.—*Globe*.

SUGGESTIONS FOR THE CARE OF THE SICK.

By Prof. A. J. Marston, M. D.

The sick-room of all places, is the one where almost every faculty with which nature has endowed us, is brought into use. Here we need physical strength and power of endurance in the care and deprivations which nursing necessarily brings; here we need love and tenderness in full measure, and entire self forgetfulness; here we need wisdom, intelligence, cultivation, refinement and taste. We need taste in the arrangement of pictures and flowers, which are for days, often weeks, the silent study of the sufferer; taste in the arrangement of the little waiter, brought to the bed, even if it bear but a simple bowl of gruel. Let the napkin be snowy white, and ironed with a gloss; the china bowl and plate on which it stands, free from specks; the salt cellar clear as crystal around its little mound of sifted salt; and the spoon kept bright.

See that the gruel is palatable, well cooked, free from lumps, of a creamy consistency, and *hot*. Keep all medicines out of sight of the patient; have no garments hanging in the room; keep the bed well aired and clean.

Let it be a constant study with those having charge of the sick to bring all the appointments of the room to perfection. Wear no bright clothing, but light calicos—blue, pink or gray, which are grateful colors to the eyes; dress neatly. Study that line of distinction between talking too much to the patient, or on the other hand, not talking enough. Learn how to regulate the conversation. If the face or manner indicate the least weariness or drowsiness, let the conversation fall into the same sluggish way, gradually ceasing, without the patient knowing why; then if he sleeps, lower the curtains and let everything conspire to lengthen

those sacred moments. Be careful that the eyes of the patient are not directly exposed to the sunlight or lamplight, although have as much sunlight in the room as possible. Whispering in the sick-room is extremely trying to the patient and should never be indulged in—either speak in a tone that the sick one can easily hear, or not at all. A cheerful heart is indispensable in the sick-room—no long faces must be seen, and no impatience, even if after taking the most unwearied pains to have everything perfect, and served on the instant, the poor, worn, nervous patient turns away his head with disgust, because the gruel is made of yellow corn meal instead of the white, on which his heart was set—*Lewiston Medical Journal*.

DISEASE FROM IRRIGATION.

The question of irrigation in the West has been complicated by an alarming increase of malarial diseases in the irrigated districts of Southern California. It is said that where the desert lands of Fresno, Tulare, and Kern counties have been reclaimed by irrigation, the progress of fever and ague, previously unknown there, has been rapid and general.

Various suggestions of remedies have been made, one idea being that if a system of thorough drainage should be combined with that for irrigation, it would mitigate the evil. Some benefit seems to be derived from having rooms used as dormitories at a considerable elevation from the ground, and huts raised on long poles have been tried, while one wealthy vine grower has built a three-story dwelling. Others seek immunity by living in villages at a distance from their farms and the irrigating ditches; and perhaps this practice will become universal. As showing that the question is not a local one, confined to the counties named, it is mentioned that the same experiment was tried, with similar results, in the county of Yolo, a hundred miles north of San Francisco. A large ditch led the waters of a small stream across a number of farms, and in a few years ague became common, families began moving away, and, as irrigation was not indispensable to cultivation in this instance, the ditch was finally closed.—*Scientific American*.

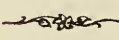
THE SURGICAL ASPECTS OF GYNÆCOLOGY.

In the *New York Medical Journal and Obstetrical Review* for February, 1882, Dr. James B. Hunter, Surgeon to the Woman's Hospital, New York, warns the profession against underrating the importance of operative and mechanical measures in gynæcological practice. It is possible, he remarks, that the youthful or inexperienced practitioner may be tempted to resort too early or too often to the knife, but this danger pertains to general surgery as well. Operations have undoubtedly a fascination for the average student; but neither students nor the youngest members of the profession have many opportunities for the exercise of practical surgery, however zealous they may be. Nearly all who practice gynæcology have had years of experience, either in private or in hospital practice. The wider their experience the more competent they are to practice the specialty in question. Some eminent gynæcologists never abandon general practice; and many who are best known to the profession have worked their way laboriously through all the older and more conventional methods of treating the diseases of women, and feel that they stand at last on higher and better ground. Men who have thus gained their experience are not apt to be rash or careless in resorting to surgery, and he thinks it a safe assumption that there is no more malpractice in gynæcology than in any other department of medicine. It is difficult in this department, as it is in obstetrics, to ascertain facts and observe results even in hospital cases; but those of us who see much of diseases of women, either in private or in hospital practice, are only too familiar with cases that have been subjected in vain to years of treatment—not always very mild, either—intended to accomplish gradually what might have been the work of a few weeks or months had the necessity for surgical treatment been recognized at the beginning. That many such cases are permanently cured by a resort to

surgery, even at the eleventh hour, is matter of record and beyond question. It is equally true that many patients who might be cured delay too long, and must suffer the consequences for the rest of their lives, while a certain number actually perish for want of timely help. The results of neglect and delay are more palpable in cases involving the graver operations, but in the aggregate he believes there is more harm done by procrastination in the less urgent class of cases. Cases of neglected epithelioma of the cervix uteri are not at all rare. Cases of fibroid or other growths causing an exhausting hemorrhage, prolonged perhaps through years, are met with very frequently, and cured by surgical means; in his experience he has seldom seen women who had suffered at the hands of surgeons, though some errors must occur in every branch of practice. On the other hand, the spectacle of women who have suffered for want of judicious surgical treatment has been very common.

When we remember, he adds, how much has been accomplished by surgery in diseases of women, and how little by means strictly medical, it would seem impossible to over-estimate the importance of surgery in this department, and superfluous to offer any plea or argument in its behalf. Hardly anything new has been developed in gynæcology that has not to do with surgery. The medical and expectant methods of treatment have been tried for centuries past in very much the same way as they are employed to-day. The surgical methods are of recent origin. Untold thousands of women perished from ovarian tumors until it was demonstrated, after bitter opposition, that a very large majority of such sufferers could be saved by a surgical operation. Yet the aggregate suffering and loss of life from less formidable diseases than ovarian tumors must have been infinitely greater, because of their greater frequency. By mechanical interference he means in general the correction of the various displacements of the uterus and the use of pessaries as a means of curing and relieving such dislocations. Those who disapprove of surgery generally condemn also all mechanical devices for managing the displacements. Nothing is more evident to the gynæcologist, however, than the good which is accomplished by the careful use of pessaries. The proper adjustment of a pessary in a suitable case enables the patient

to do her daily work with comfort, and practically makes all the difference between health and sickness. Among women of the working classes, who earn their living by hard work, the beneficial effects of mechanical support are strikingly apparent. No one can practice gynæcology successfully who is not a thorough master of the art of correcting displacements and applying artificial support for their relief or cure. This branch of practice affords scope for the exercise of much ingenuity, and demands the possession of a fair amount of mechanical skill. Much of the prejudice that exists against the use of pessaries arises from the harm which is done when they are clumsily employed, or employed in cases where they ought to be carefully avoided. In conclusion, he thinks it may fairly be claimed that modern gynæcology owes its brilliant success almost entirely to the fact that it has been brought within the domain of surgery. To essay to practice this branch of medicine independently of surgical and mechanical resources is to do the patient a gross injustice. To advise in such matters without a knowledge of what can be done by surgery is also unfair to the patient. Not by any means that *all* cases come within the limits of surgery, or that all that do so can be cured, but that surgery holds out a prospect of relief to so many, that to withhold or discountenance its aid is to fall far short of the duty of a wise and conscientious physician. On the younger members of the profession it is especially incumbent to inform themselves without prejudice of what has been done in this department of surgery within the past twenty-five years, so that, when called upon for an opinion, they may be able to advise intelligently, and to give their patients the utmost benefit of every means which experience has proved to be of value.



CAMPBELL ON THE VALUE OF QUININE IN OBSTETRICS AND GYNÆCOLOGY.

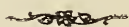
Dr. Campbell concludes an exhaustive paper with the following remarks: An exalted reflex excitability of the cerebro-spinal centres, as well as general plethora, may be recognized as a characteristic condition of the pregnant woman from the date of conception to the completion of involution. This provisionally increased development and polarity, intended for foetal and uterine growth, renders the woman during its continuance eminently liable to become the subject of various morbid reflex actions, more or less peculiar to her condition. These reflexes are of two perfectly distinct and dissimilar kinds, differing widely, as they may happen to occur, before or after parturition. During the entire period of pregnancy, and until after labor, the reflexes are of an excito-motory character, restricted to the muscular apparatus of the uterus and of general volition. They are apyrexia and non-inflammatory. Their paroxysms threaten premature expulsion of the foetus in pregnancy, and eclamptic convulsions in labor. After parturition, the reflexes are of an excito-secretory character. They are propagated through the ganglionic or vaso-motor nerves, to the blood-vessels and capillaries of the pelvic organs and tissues of the general system. They are marked by fever, congestion, and inflammation, with their products and consequences. Septic fever and peritonitis, with arrest of involution and mammary abscess, are their not uncommon results. Quinine, by its contractile action on the capillaries of the cerebro-spinal centres, exsanguinates their nervous structure, and more than any known agent depresses the reflex excitability from which the varied morbid phenomena of pregnancy and child-bed originate. Quinine, except in cases of idiosyncrasy, or from an injudicious administration of the agent, exercises no

influence whatever to superinduce premature expulsion of the foetus. Moderate cinchonism, adjusted to the type and approach of the paroxysmal neuroses which endanger the welfare of the foetus during pregnancy, is one of our most efficient resources in many cases of threatened abortion and of premature labor. During parturition, it may give steadiness to irregular uterine contractions; and, continued during labor, cinchonism is in a most valuable degree prophylactic against threatened eclampsia. The reflexes of child-bed, pertaining as they do, primarily and principally, to the recently evacuated uterus—well likened to an organ in a traumatic condition—opportune and ready for the awakening of fever and inflammation, are of the gravest character, frequently tending to disorganization and death, or else to permanent and irreparable injury. These reflexes constitute a dreaded class of diseases, most commonly called “puerperal,” which, by universal consent, must be prevented rather than trust to efforts, often unavailing, for their cure. To this end, the most valuable and reliable prophylactic method will be found to consist in the daily administration of quinine, to the degree of moderate cinchonism, from the day of parturition, to be continued daily until normal involution is safely secured. By the observance of this routine, as a rule, it is believed that the occurrence of puerperal diseases will be largely prevented, and that the rate of childbed mortality will be greatly diminished. Cinchonism, in its quality of preventing and controlling inflammation, whether traumatic or idiopathic, and of suppressing suppuration, all of which is due to its power over reflex excitability of the cord, and its action on the capillaries, has a claim to antiseptic value superior to Listerism, and is less to be dispensed with than carbolic acid, or any of the means and appliances of the antiseptic method. In general surgery, and especially in uterine surgery, as well as after parturition, the combination of carbolized irrigations and applications to diminish peripheral excitability, with persistent cinchonism to depress centric excitability, should constitute hereafter an antiseptic method more trustworthy, generally practicable, and less to be dispensed with than the most faithful observance of the complex Listerian process.—*London Medical Record*.

THE ATMOSPHERE WE BREATHE.

The atmosphere we breathe is, in its purity, composed of twenty-three parts of oxygen and seventy-seven parts of nitrogen, but it contains particles which do not naturally belong to it. In a damp day the air is full of water or fog, and a pint of it may not contain more than three-fourths of a pint of air; and as the atmosphere is the thing which acts directly on the blood in the lungs, to withdraw from it all the impurities which it contains, the purer the air is the more capable it is of absorbing the impurities of the blood in the lungs. Hence, the purer the air the purer the blood, and the purer the blood the better the health enjoyed in all climes and countries. The purest air is out of doors. There is no pure air within any four walls of a house. You may go into any room, even if it is entirely empty, and a musty or close smell will be immediately observed; much more will there be impurities in the air of our dwellings in proportion to the decaying of odorous things in it, as slops, food, fruits, flowers and the like. That air is best for the health which has no perceptible "smell" about it. The fragrance of the rose and pink are delicious; but if a person were to sleep in a close room in which there were a great many pinks and roses he would be nearly dead the next morning, because the nature of the flowers is such that they are throwing off a multitude of odorous particles every instant, and they being more material, more solid than the air, displace it, so that in every breath there is less air taken into the lungs and more of the substance of the flowers. A breath of air taken into the lungs may be represented by a piece of fine sponge from which the water has just been squeezed out; put it into a vessel of dirty water; it will take up more of that than if it was half full of water before it was put in. So a breath of pure air taken into the lungs will take up more of the impurities of the blood than it would have done if it had

contained or absorbed a large amount of impurities before it went in. Hence the necessity of arranging habitually to breathe the purest air possible. The easiest way to do this is to spend as much of our time in the open air as practicable, and when we are in-doors to make it a point to have fresh out-door air coming into our houses all the time; to have fireplace, or door or window more or less open all the time, day and night, but in such a way as not to come in with a draught.—*Dr. Hall's Health at Home.*



NERVO-MUSCULAR EXPRESSION.

All expression of feeling is effected by muscular action, whether it be by words, by facial movement or gesture, movements effected by voluntary muscles; or expression may be produced by dilatation of the pupil, erection of the hair, or disturbed action of the heart,—these being due to the conditions of inorganic muscular fibres. I have been accustomed to regard the nerve-muscular condition of “nervous cases,” when seeking definite signs by which to describe them, in the light of the principle that movements depend upon nerve-muscular stimuli originating in nerve centres. Examples may easily be given, showing how we commonly judge of the state of the nervous system by muscular conditions. Note the stooping attitude and spiritless gait of a tired man as compared with that of the same individual when rested and refreshed. Incipient intoxication is indicated by a reeling gait, unsteady hand and muscular tremor. Expression may be indicated by the position of the head, which is seen firmly upright in defiance, drooping in shame; is commonly held on one side in nervous women and girls con-

valescent from chorea, the first example cited of an asymmetrical gesture. The artist's brush or pencil, the sculptor's modelling tool and chisel, the pianist's and violinist's finger touch, indicate the training and actual condition of the working of his brain. The educated and refined singer trains and refines his whole mind, i. e., his brain, and is well aware that his "whole soul," as he may express it, comes out in the action of the muscles concerned in producing his song and musical notes. In the infant the condition of the nervous system is best recorded in terms of nerve-muscular phenomena. It laughs, and is playful; reflex action is well marked when a finger is placed in the child's mouth. The eyes are moved and directed toward any object looked at; these are conditions of healthy action. It is well known that in the convulsive state the fists are often closed, with the thumbs turned in. All these examples of expression are nerve-muscular conditions; the movement, the attitude, the gait, result from states of the brain or spinal cord.—*Dr. Francis Warner, in Popular Science Monthly.*



CONSUMPTION CURED.

A statement was recently made in a European journal, that arsenic smoking has been successful in the hands of some, in restoring consumptive persons to fullness of flesh and to the soundness of health. This article, in consequence of the reckless and careless manner with which newspapers are "scissored" up, daily becoming more common, has been very extensively copied, and without a warning may do injury. It is a fact smoking arsenic, or eating it, will give plumpness to the flesh, and so will porter or cod-liver oil; it will paint upon the cheek the ruddy hue of health, and so will good

brandy; it will remove shortness of breath with astonishing promptitude, and so will a plug of tobacco or opium, or a good breath of ether or laughing gas. We have no objection at all to the arsenic treatment, except that as soon as the patient ceases to use it, he dies; and if he continues its use, he dies anyhow, only more rapidly than he would with either opium, cod-liver oil, porter or brandy. Let it not be forgotten, that no agent is curative of consumption which does not impart vigor to the digestion, and capacity to the lungs to use a larger amount of that which great nature has expressly provided for their nourishment, the pure air of heaven; and which, as every educated man must know, is the only thing in the wide universe which can put the finishing stroke to that which is then called "*blood*," the only thing which can perfectly unload the blood, when diseased or impure, of that which has rendered it so. We conclude, therefore, that the best and safest remedies for consumption are pure air, sunshine, exercise, comfortable clothing and wholesome food. As a rule, medicines should be avoided.

The "spirometer" is rapidly growing into favor with our best physicians, particularly as a means of diagnosis of lung diseases. There is no doubt but its judicious use is decidedly beneficial, not only to consumptives, but to all persons, and particularly to those who have not opportunity for frequent exercise in the open air, since it brings into action that large portion of the lungs which the air does not reach in the act of natural breathing. It in fact supplies food to the lungs.—*Hall's Journal of Health.*

SUBACUTE ATONIC DYSPESIA.

By J. R. Black, M. D.

"The preparation I have found to answer a most admirable purpose in such instances is neither strictly a food nor a medicine, but a sort of nondescript, betwixt and between. I allude to maltine, pepsin and pancreatin. As is well known,

it is the half-way digested albuminoids and saccharine elements of wheat, barley and oats. Largely abounding in diastase and charged with the elements needful for carrying on the digestive process, all that is needed to complete the gastric process on a small quantity of appropriate food is heat and the vermicular action of the stomach.

On more than one occasion have I noted, during the past few years, the invaluable properties of the above preparation, after all other resources had failed. For the debility succeeding the acute diseases of those whose stomachs are inherently weak, or for the irritable and weak state which the long continued administration of medicines for some other disorder oftentimes engenders in the digestive organs, for the failure of energetic action during exhausting processes—as lactation, or large suppurative discharges, as well as for the gastric feebleness often attendant on tuberculosis, peptic maltine fills a place that no other preparation does, and in a truly satisfactory manner. It is altogether constructive; it is bland, even more so to the stomach than any food; it is not nauseating.”—*Cinn. Lancet and Clinic.*



MISCELLANY.

SCREAMING CHILDREN. Now and then we find a child possessed of such a temper, that, unless it can have its own way, and obtain what it desires, will set up a screaming cry, closing the scream with a long holding of the breath. Many a mother has been terribly terrified by such a display, and frightened lest her child should lose its breath. But there is no cause of fear, whilst you have at hand an infallible remedy. Just dash a glassful of cold water into the child's face every time he attempts this feat, and we guarantee that two or three faithful administrations of this remedy will effectually stop it. If the child attempts it, take your tumbler and start for the faucet, which will be a sufficient reminder to the screamer, who will not trouble you to administer the remedy, after he has received it a few times at your hands.

NIGHT PATIENTS. It is probable that night visiting does more to undermine the health of the physician, than all the other exposure to which he is obliged to submit. Many calls upon him for his services are delayed until night, when the patient has become sicker, which might, and ought to have been made in the day time; by so doing the physician would have escaped unnecessary exposure, and the patient saved much suffering. The question is sometimes asked even now, "within what hours ought medical visits be considered *night visits*, and be paid for accordingly?" The decision of a legal tribunal, made some years ago at Berlin, places the matter on just grounds, viz.—night visits should be so regarded that are made between 9 P. M. and 6 A. M.—*London Medical Journal*.

TETANUS. Dr. Ria treats tetanus by imposing strict isolation of his patients, believing the convulsions to be increased by reflex irritability. He excludes friends and all possible sources of sensory disturbance. He uses other treatment in conjunction. With one he applied small quantities of chloroform externally with the atomizer, and gave small doses of morphine and chloral. In another case one-sixteenth of a grain of atropia was added to the chloral. In two other cases bromide of potassium was administered, and isolation also secured. These four cases recovered.—*Physicians and Surgeons' Investigator*.

SENSIBLE. The following is so sensible that it will bear repeating: The new and much talked of code of the New York Medical Society declares that "emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." There seems to be no reason why it should be thought necessary to formulate such an idea as that. Emergencies are higher than codes, and the man who isn't fit to judge for himself when professional rules should yield to the obligation of man to man, and who doesn't know that they *must* do so, isn't fit for a physician.

POISONS. In the *Canada Journal of Medical Science*, it is said that an Italian physician has recommended the iodide of starch as an antidote for poisons in general. It can be administered in large doses, and is above all efficacious in

poisoning by sulphureted hydrogen, by the alkalies and the alkaline sulphides, and principally by the alkaloids with which iodine forms an insoluble compound. It aids the elimination of the salts of lead and mercury. In cases of acute poisoning an emetic must be administered before the iodide of starch.—*Chicago Medical Times*.

ISSUES AND SETONS. These agents were in great use once among the Greek and Roman physicians. Hippocrates employed them in gout, sciatica, chronic diseases of the liver, spleen and lungs. Aetius used them in palsy and asthma. Celsus in affections of joints, in epilepsy, and phthisis. In more modern times they were recommended in the treatment of scrofulous diseases of the hip joint, as well as for other diseases. They are little used now, and have gone to keep company with their bloody little companion, the lancet.

THE MICROSCOPE. This optical instrument is one of the greatest aids to modern medical scientific inquiry. By its assistance the secretions can be closely examined, and many diseases, especially those of the skin, traced to their true origin. In medico-legal investigations it plays an important part, and evidence can now be given through its aid, when before it was next to impossible to form a correct decision. This instrument so useful to the medical profession can hardly possibly fall into disuse.

LISTERINE IN SMALL-POX. A writer in the "*Southern Clinic*" says, we are using this elegant and effective restorative antiseptic in this disease, both as a general disinfectant for the body of the patient and for our own person, as well as for internal administration. We are satisfied of its great merit, both as a disinfectant of the highest order and as an anti-zymotic for internal exhibition, in such diseases as diphtheria, scarlatina, and small-pox.—*Medical Brief*.

BLEEDING FROM THE BOWELS. Many remedies have been suggested, but that which has given us the best satisfaction is the per-sulphate of iron in solution. Recently in a case of typhoid fever, in which troublesome hemorrhage set in, it was fully controlled by two or three doses of the solution.—*Indiana Medical Journal*.

CARBOLIC ACID CRYSTALS. A few grains of carbolic acid crystals made into a paste by the addition of collodion, and then introduced into the cavity of an aching tooth, will arrest the pain almost instantly. The carbolic acid undoubtedly destroys the nerve effectually, and the collodion is used merely as a vehicle for its introduction, the ether speedily evaporating and leaving a paste of a convenient consistency.—*Ex.*

BURNS AND SCALDS. The *Paint, Oil and Drug Reporter* says that mutton tallow is as good, if not better than linseed-oil and lime-water, for burns and scalds. Muslin cloths dipped in melted mutton tallow are laid over the burned surface and held in place by woolen bandages. Under this treatment the healing is unexpectedly rapid. Fresh churned butter, unsalted, answers as well as mutton tallow.—*Medical Call.*

PERMANGANATE OF POTASS. An experienced writer remarks in regard to Carbuncle, that great benefit will be found to result from dressing the swelling with lint saturated with a strong solution of permanganate of potash, (half a drachm to an ounce of water,) and covering with oiled silk. This is to be done after a free incision which is necessary first.

A GOOD THOUGHT. The humane physician, who evinces by his conduct a tender interest in the recovery of his patient, never loses reputation by an event which no human means could prevent; on the contrary oftentimes, nearer attachments are acquired; for the sympathy of the physician makes him appear almost as one of the family, and mutual anxiety begets mutual endearment.

Fever is a condition that Eclectic physicians consider as indication that the circulation is not regular, therefore they go to work at once to equalize the circulation by the use of diaphoretics, combined with tonics and detergents, which soon sets things to rights, for fever and perspiration cannot long exist together.—*Exchange.*

PAUNA. The root of *Aspodium Athamanticum*, native of Cape of Good Hope, is said to be the best remedy for tape worm; six grammes in three doses sufficient.—*Medical Herald.*

Dr. L. D. Waterman of Indiana highly recommends Sulphurous Acid in Scarlet Fever. He gives ten to thirty drops of the diluted acid every three or four hours. He treated eleven *severe* cases, and ten recovered under this treatment.—*St. Louis Clinical Record*.

MAN'S DOUBLE DUTY. As I am a compound of soul and body, I consider myself as obliged to a double scheme of duties: and I think I have not fulfilled the business of the day, when I do not thus employ the one in labor and exercise, as well as the other in study and and contemplation.—*Addison*.

PURE WATER. Health can no more be supported without pure water, than it can be without pure air. When either of these fluids is deteriorated by admixture with foreign matters, disease will be a common if not a constant resident.

DIOSCOREIN. It is affirmed that in all spasmodic affections of the bowels, this remedy (Wild Yam,) is one of the very best. Its most decided results are obtained in the form of trituration; it is appropriately given combined with nuxvomica, or gelsemin.

CHOLERAIC DIARRHŒA, Mr. Hardman in the *London Lancet*, says can always be immediately stopped by the hypodermic injection of morphia. In the severer cases vomiting may persist for twelve or twenty-four hours after the purging is stopped.

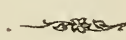
The treatment is free from danger, though albumenuria, or temporary suppression of urine may be present.—*Georgia Eclectic Medical Journal*.

VENEREAL WARTS. Equal parts of burnt alum and tannin sprinkled in powder upon venereal warts will dessicate them, and they can be rubbed off in a few days.—*Medical Record*.

Mr. Grand says that Berlin contains 10,000 persons sick with diseases produced by their vices: 10,000 prostitutes, and 2,000 illegitimate children are born there annually.

Causes which produce a disturbed state of mind, by their effects on the nervous system, favor epidemics.

MEMORANDA.

1834. Dr. John Dixwell, of Boston, died, aged 57 years.
" Dr. Samuel Drown died in Providence, R. I., aged 81.
1835. Dupuytren, the eminent surgeon, died in Paris, aged 58.
" Humboldt, the scientist, died in Germany, aged 68.
" Dr. David Hosack died in New York, aged 66 years.
1836. Dr. John Hart died in Reading, Mass., aged 83 years.
" England established a registry of births and deaths.
1837. Dr. Oliver Fiske died in Boston, aged 74 years.
1838. Dr. Redford Webster died in Boston, aged 77 years.
1839. Dr. Gamaliel Bradford died in Boston, aged 44 years.
" Dr. Henry Prentiss died in Gloucester, Mass., aged 41.
" Dr. Thomas Cooper died in So. Carolina, aged 79 yrs.
1840. Sir Astley Cooper, surgeon, died in England, aged 72.
" England passed an Act to extend vaccination.
1841. Dr. Uaiah Hager died in Waltham, Mass., aged 64.
" Dr. William J. Macneever died in New York, aged 78.
1842. Dr. James Goss died in Rockport, Mass., aged 79 yrs.
" Baron Larrey, the surgeon, died in France, aged 82.
1843. Dr. Koch, the African explorer, died aged 36 years.
" Hahnemann, founder of Homœopathy, died in Germany, aged 88 yrs.
1844. Dr. John Abercrombie died in Scotland, aged 63 yrs.
" Dr. James Thacher died in Massachusetts, aged 92.
1846. Dr. Elias Morton died in Addison, Me., aged 99 yrs.
" Dr. Archibald Craig died in New York, aged 71 yrs.
" Dr. Benjamin Waterhouse died in Combridge, Mass., aged 92 years.
" Dr. John Locke died in Chelsea, Mass., aged 74 yrs.
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EDITORIAL.

The 14th Annual Meeting of the Illinois State Eclectic Medical Society will be held in the city of Bloomington, June 4 and 5, 1882, to which meeting Secretary L. H. Clark M. D. extends a cordial invitation.

The Eclectic Medical Association of Arkansas will meet at Conway, Faulkner County, the first Monday in June next, and continue three days.

The Georgia Eclectic Medical Association will meet in Representative's Hall, Atlanta, on Monday March 6th, and continue in session two days.

MESSRS REED & CARNRICK have issued to the profession a extensive list of Maltine preparations that have acquired great repute, and they have received the commendations of many of the leading physicians in this country and in Europe. All who have tried them here speak of them in high terms of recommendation. Physicians and Druggists will learn much more about them by sending for a pamphlet, addressing Reed & Carnrick, 132 Fulton Street, New York City.

Codman & Shurtleff, 13 and 15 Tremont St., Boston, invite the attention of physicians to their "Pneumatic Aspirator" which contains very important improvements and inventions of their own. In order to avoid purchasing faulty and even dangerous imitations of these and other instruments made by them, get their illustrated catalogue which can be procured on application. All kinds of surgical instruments may also be procured at this establishment.

PROF. NORTH'S EARPHONE for the deaf is a wonderful as well as useful invention, and is spoken of in the highest terms. It emphatically gives ears to the deaf, and is said to be a great luxury to those who are suffering under this infirmity.

Full particulars as to the merits of this instrument can be obtained on application to W. C. Rogers, 99 Court St., Boston, Mass.

MARK'S PATENT ARTIFICIAL LIMBS are said to stand at the head of anything now made, and are specially commended for their peculiar mechanism wherein are embraced adaptedness, durability, and strength. They have received the hearty commendations of many of the most accomplished surgeons in America, and are endorsed by all who have worn them as being simple in structure, and easy in use. Mark's Patent Limbs have received numerous medals and diplomas, certifying their excellence, from various Fairs and Mechanic Associations, the judges being physicians and surgeons. The office and manufactory are at No. 691 Broadway, New York City where correspondents can procure all desired information. We shall speak further on this subject.

THE SCIENTIFIC AMERICAN. This excellent publication, the most valuable one that we receive, has changed its locality having been driven by a conflagration from its former building: but its enterprising owners, though not able to withstand the fury of the flames, and save their building, have nobly withstood the serious interruptions that usually attend such a disaster, and have procured a new and costly home, and have continued their publication without hinderance. Here, in addition to the issuing of their interesting publications, Messrs Munn & Co. continue to prepare specifications and drawings for American and Foreign patents. Address Munn & Co., 261 Broadway, New York.

GARRATT'S SELF-ACTING ELECTRIC DISK, continues to be in high favor in cases of local weakness, and a safe remedial agent in nervous and chronic ailments. The value of Dr. Garratt's invention is confirmed by the testimony of eminent physicians in various places. On application to Messrs Fiske & Arnold, No. 8 Hamilton Place, Boston, full particulars concerning this appliance may be obtained. We shall speak further on this subject another time.

DR. E. F. WHITMAN, Oculist and Aurist, still remains at Room No. 10. Tremont Temple, Boston. He treats all dis-

eases of the eye and ear, and operates whenever it is required. He also treats nasal catarrh, and those desiring artificial eyes can have them inserted.

BELLEVUE HOSPITAL MEDICAL COLLEGE. The Spring session of this Institution commences March 20th, and continues until the middle of June. Any special information may be obtained by addressing Austin Flint, Jr., M. D. Secretary of the Faculty, New York City.



WAYSIDE GLEANINGS.

The Society in London, England, for the abolition of compulsory vaccination has circulated two hundred thousand pamphlets containing statements which, if reliable, tend to show that vaccination is an overrated institution. Peter Alfred Taylor, M. P. is the President of the Society.—*Boston Journal*.

It is stated that Hartford Conn. does not intend to compel any future small-pox patients to remove to its pest-house but will have them properly isolated at their own homes if they should dislike being taken to the pest-house.

A writer asserts that there is more nutritious matter contained in apples than in potatoes. Whether this is so or not, one thing is certain, that apples are conducive to health.

An unusual amount of illness is reported this winter, and the hospitals in many cities are unable to receive all who apply.

Butter is said to have been used by the early Romans, not as food, but as medicine: it was never used as food.

Leprosy is reported as prevalent in the Hawaiian Islands, but does not differ from the European and Asiatic forms of that disease.

Several persons have lately been reported as having died of trichinæ, and it has been traced to eating raw ham.

It is reported that a philadelphia surgeon has succeeded in supplying upper and lower eyelids to a miner whose face was horribly burned by an explosion. The upper lids were supplied by skin from the man's forefinger, and the lower lids by a piece cut from his arm.

The last year is reported to have been the healthiest that England has known within almost or quite the last half century. It is added that free trade and sanitary reform are at the bottom of the hopeful reduction of the death rate.

Insanity is said to be on the increase in Germany, as appears from the statistics of lunatics under the care of the Berlin authorities.

The total annual consumption of quinine throughout the world is computed at 220,000 pounds, of which one quarter is said to be used in the United States alone.

An exchange says that at the Hospital of the University of Pennsylvania, Dr. William Goodell removed from a patient 31 years of age, an ovarian tumor weighing 112 pounds. There was a fair prospect that the patient would survive the operation.

Cremation is gaining believers on the Pacific coast. The First Cremation Society of San Francisco have applied for incorporation. The incorporators are Germans.

The children of the blackest Africans are born white. In a month they become pale yellow; in a year, brown; at four years, dirty black, and at thirty, glossy black. The blood of blacks and whites is of the same color. The coloring matter of blacks is supposed to be due to bilious secretions in the mucous membranes underneath the cuticle.—*Sir R. Phillips.*

The Eclectic Medical College of New York graduated a class of forty three students on the first of March. Addresses were delivered by Rev. George H. Hepworth, D. D.; Hon. Chauncey Shaffer, Judge Traux and others. This is one of the most successful years in the history of the institution.

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THE DIAGNOSIS OF SKIN DISEASES.

By R. A. Reid, M. D., Newton, Mass.

(READ BEFORE THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.)

Notwithstanding the great advances which have been made in our knowledge of diseases of the skin, it cannot be denied that very inexact and erroneous notions prevail regarding this class of disorders; they are still imperfectly understood, and indifferently treated by the general practitioner. I do not here allude to the eruptive fevers, which, from their frequency or danger, necessarily demand the attention of every medical man, so much as the lighter, and more chronic disorders to which the skin is subject. Ignorance here however, although it seldom occasions danger to human life, produces great inconvenience, exasperates the progress of other maladies, and renders life miserable, if not indeed sometimes almost unendurable, as well as frequently destroying those social relations and ties, which constitute happiness. Prof. Scudder has said, "there is no class of diseases, that is so little understood by the general practitioner, as affections of the skin; and yet there is no reason why this should be so, as they are of frequent occurrence,

and being situated where they may be accurately examined by sight and touch, are readily recognized." We would all exercise the utmost caution and reserve, if called upon to give an opinion in a case, where pregnancy was suspected in an unmarried female, from the occurrence of more or less of the symptoms which usually attend that condition; for we are all aware how easily professional character may be lost, and our profession be brought into discredit, by ignorance upon these vital questions, or by undue haste in announcing an opinion.

It is not many years, since a celebrated professor plunged the trocar into the gravid uterus and shoulder of the foetus of a lady, whose condition he mistook for dropsy; while more than one case similar to the following, has occurred, in which a girl, supposed to have erred and become pregnant, from the occurrence of symptoms which I have referred to above, was subjected to an examination by two physicians in good and regular standing, who pronounced her some three or four months advanced in pregnancy. She protested her innocence but it was of no avail; the dictum of the physicians had gone forth and beyond that there was no appeal. The finger of scorn was directed toward her, friends forsook her, and even her aged parents, grew cold and severe, unmoved by her prayers and tears. She secluded herself, and after some months died, when an autopsy revealed an intra-uterine growth, the true cause of her symptoms. We would unite in denouncing the ignorance and culpable rashness of the man who, without the most irrefragible evidence, would venture—as has been done in high quarters—to brand a woman with the stigma of dishonor and shame; yet what shall we say of the man, who, confessing to himself his ignorance of cutaneous affections, does not hesitate to pass judgment upon, and undertake the management of, any case that presents itself before him? But you will say that there is little or no comparison between the two; that I am placing the matter in a false light; that an error of diagnosis of cutaneous affections does not entail danger to life. I grant you that it does not *usually*, but it may place in jeopardy, if indeed it does not sacrifice, that which to some is dearer than life,—*honor*. Let me cite a case in point.

A lady of good birth, and brilliant social attainments, was

seized with an eruption upon the genitals, which rendered the slightest contact unbearable. Her husband, horrified at what he supposed was unmistakable evidence of syphilis, accused her of infidelity. The family physician was summoned, who pronounced the disease undoubtedly venereal; a separation took place, to which the lady assented, although always maintaining her innocence, but anxious to escape the unfounded suspicions and harshness of her outraged husband. Their household gods were thrown down, their peace of mind and their home were destroyed. Anti-syphilitic treatment was prescribed, and its use persisted in for some time, but the disease increased in intensity; at length, a physician skilled in the diagnosis of skin diseases was consulted, who pronounced the case *Eczema rubrum*, quite foreign to, and unconnected with syphilis; and on the application of proper remedies a speedy cure confirmed his diagnosis.

What think you would be the probable opinion, given by a medical man, when consulted in a case of Herpes præputialis, or Herpes progenitalis, diseases of whose existence he was not aware, or with whose nature and appearance he was unacquainted? Herpes in these situations is by no means a rare affection, and when irritated by scratching, the friction of the clothes, or accumulation of secretion, a sore is formed, with a yellowish purulent discharge, which can scarcely be distinguished from a specific ulcer; and the diagnosis is rendered the more difficult when the inguinal glands are enlarged, or there is a hardening about the herpetic sore. The same may be said of Eczema occurring in the same positions.

With these remarks, by which I would fain enlist your interest in, and appreciation of the importance of a correct diagnosis of skin diseases, I submit a few suggestions as to the best method of observing them. I would point out, in the first place, that the diagnosis of a disease to be of any practical value, includes much more than assigning to it a name; it involves a correct estimate both of its nature and its affinities. The great majority of skin diseases are forms of inflammation, and as such, are much alike as regards details, though they may differ altogether in other important respects.

In almost all inflammations, we may chance to have red

patches, papulas, vesicles, blebs, pustules, scales, or crusts, and the first important point is the recognition of the fact that these varying phenomena of dermatitis, are simply brought about by the anatomical structure of the skin, and are therefore of uncertain value in determining the nature of the inflammation. The extent and degree of inflammation, the tissue involved, the grouping of the eruption, and the part affected, may be of much more importance, than the minute characters of the elementary changes. But, though I wish at the outset to guard against an over-estimate of the diagnostic value of minute characteristics, I nevertheless attach importance to them, especially in certain cases as I shall hereafter explain. Hebra has said, "no other assistance is needed for the recognition of a disease of the skin than a knowledge of the objective symptoms which are visible on the surface of the body, in each particular case. We attach no value whatever, either to the history or subjective symptoms, in investigating a cutaneous affection, for we ought to be guided only by those symptoms which are appreciable by the sight, the touch, and sometimes by the smell. These afford certain and infallible means for establishing a diagnosis, for they originate in the malady itself. They are, so to speak, the alphabet, of which the letters are traced on the skin, and our task is but that of deciphering the writing."

I would hesitate to express an opinion contrary to, or to attempt to refute a statement made by so eminent a dermatologist, and yet I am sure that Hebra's statement, that "we attach no importance whatever to the history or subjective symptoms in examining a cutaneous affection," must be received with reservation. An expert like Hebra, of his experience, may perhaps dispense with the history of the case, and the subjective symptoms, yet few will doubt, I think, that in ordinary practice, the history of a case may be of great service in enabling us to arrive at a correct diagnosis. For example,—Scabies in children is sometimes masked by an unusually copious eruption of eczema. If however, in a doubtful case, we learn that several members of the same family are suffering from a similar affection, there is at once *presumptive* evidence that the disease is scabies. No doubt the answer to this is, that by the microscope we may determine positively the nature of the malady, by bring-

ing into the field the acarus. Yes, but this use of the microscope is not always convenient, and when treatment has been already commenced in the case, may be impossible. Under such circumstances the history becomes of great value. Again, we have often to do with mild cases of intermittent urticaria, of so transitory a nature, that the wheals, and even the irritability of the skin, may have vanished, at the time when the patient presents himself for examination, and we must then draw our conclusions from the history, and the subjective sensations of itching and tingling, detailed by the patient.

In order to make a successful examination of a patient suffering with a skin disease, it is essential to have some systematic method of procedure. The rule of first importance is, in all cases to examine the different parts of the body, on which any eruption exists. In doing this it is not necessary to expose a large cutaneous surface at one and the same time; you need not reduce your patient to a state of nudity, but the parts affected should be examined in succession, and the state of each noted. The importance of this rule can hardly be over-estimated; indeed, in many instances, it is all but indispensable to a correct diagnosis. Everyone is acquainted with the fact that dermato-syphilis may present as many as five or six different forms of eruption, in one and the same individual; and further, (and this is the point,) some of these forms may be highly characteristic, while others would hardly serve as means of diagnosis. Under such circumstances a partial survey would, very likely, lead to grave error and entail an unsuccessful course of treatment.

In conducting an examination, the following points should be kept in mind. Our object is, in the first instance, to view the efflorescence as a whole. We comprehend at a glance, the combination and arrangement; or, to put it differently, that a papule, vesicle or pustule, does not constitute the skin disease with which we have to do. Thus, when we speak of a papular, vesicular, pustular, or squamous skin disease, we convey but a very imperfect idea of its true nature. The portion of the body affected; the tissue involved; the form, arrangement and grouping of the eruption, are all of much more importance, and the mode of speaking of papular, vesicular, or pustular disease, is only an abridged form,

analogous to short-hand writing. Having regarded the affection as a whole, we next proceed to observe those separate parts which combined constitute it.

We must next endeavor to distinguish what is essential from what is non-essential, or accidental; what belongs to the original affection, from what has been superadded; and we should select for special attention those parts where the disease seems least complicated. For example, if we wish to demonstrate the presence of the itch-acarus, we choose a part where the skin is nearly free from secondary inflammation, and not one covered with a thick crop of eczema. Diseases of the skin undergo endless modifications, from being complicated with such common disorders as eczema and urticaria, from the excoriations produced by scratching, injudicious treatment, etc. But I think enough has been said to suggest the importance of distinguishing the essential or primary, from the accidental or sequel.

We should also note what part of the skin is affected; that is, whether the cuticular layer is alone affected, or whether the true skin is also involved; whether the hair or sebaceous glands are effected; whether any alterations in pigmentation or color exist. To ascertain these points, we must be acquainted with the character of normal skin;—that it is soft, smooth, elastic and slightly greasy, and that wide differences in texture and color, may be natural and compatible with perfect health; that the skin differs widely in different parts of the body, being thicker and rougher on the exposed sides, than on the flexures, or inner aspect of the limbs; and that certain variations in the growth, color, and texture of the skin, as well as the hair, depend upon the age, sex, or race of the individual, and are normal rather than pathological.

It is a matter of no difficulty to see whether the surface of the skin, the epidermis, is unusually rough, cracked, dry or scaly; whether it is thickened by the accumulation of epithelium, as in psoriasis, or thin and transparent; whether the superficial layers are raised into blisters, vesicles or pustules. A magnifying glass will enable us to ascertain whether the orifices of the follicles are plugged with sebum, as in comedones, or pouring out an abnormal quantity of oily secretion, as in some forms of steorrhœa. The hand

will aid the eye in determining alterations of the true skin. The tense and brawny feeling due to extensive infiltration is better determined by touch than by sight. So also in funicular disease, the extent to which the inflammation involves the deeper tissues, may be more easily felt than seen.

Divergences from the normal hue, or color, are also worthy attention, and may be due to an altered degree of vascularity, to hæmorrhage—irregular pigmentation, jaundice, or other cause. If due to increased vascularity it will disappear on pressure for the moment, as in urticaria. If however it is due to hæmorrhage, it will remain unaffected by pressure as in purpura, or a bruise. And here we note the various changes of color in the hæmorrhagic patch, from shades of red or purple to green and yellow, gradually fading; while pigment spots do not undergo rapid changes, and the color is generally a shade of brown; absence of pigment or leucodemia, being marked by perfectly white patches. Extreme care must be taken in determining changes in pigmentation, for the extremely dark skin natural to some, may lead us to suppose the development of pigment abnormal, while in leucodemie affections we may be misled by the effect of contrast. The skin about a white patch always appears darker than it really is.

In affections of the scalp and beard, by removing a hair or two we will be able to determine whether the force required to detach it is less than in health, and also whether the hair itself is abnormally brittle as in *tinea tonsurans*. We may subsequently examine the hair under the microscope *with*, then *without* liquor potassæ to render it transparent, and we may then detect any change in the structure of the hair, either in the shaft or root. This is of the utmost importance in dealing with doubtful cases of *tinea tonsurans*, or *favus*—for if, in the former, the “*trichophyton*” be detached, the diagnosis is clear.

In most affections, some part of the cutaneous surface may be found, in a normal condition, and we must use this sometimes for comparison with the unhealthy parts, just as in diseases of the lungs, we compare the sound with the unsound side of the body, or as we compare a shortened limb with its fellow on the opposite side. The form or shape which the eruption assumes is also of importance; for example, the

eruptions and ulcerations of syphilis are circular, horseshoe, gyrate or serpiginous, a fact that would aid in the diagnosis. In ringworm the original patches are circular. Herpes Zoster, commonly called shingles, follows the course of particular nerves. Acne rosacea and erythematous lupus are often butterfly shaped; the patches of erythema nodosum are rounded or oval and tumid. *Locality* has an important bearing upon diagnosis. Some cutaneous affections are strictly local, using the term "local" as opposed to general or constitutional, and are *also* local in the sense of being located in certain regions. As a rule, when eruptions appear on various parts at the same time, we suspect a constitutional tendency to that malady, or a specific poison pervading the system. The efflorescence of fevers and syphilis is an example of the latter; psoriasis and eczema of the former. Some diseases are invariably confined to certain localities; for example, acne rosacea to the head and neck, sycosis to the hairy parts of the face. Others never invade certain regions; thus scabies in the adult, never affects the face or scalp, nor acne the palms or soles. We should never call a red patch situated on the thigh, acne rosacea, nor apply the term scabies to an eruption upon the face. Other affections, while not strictly confined to one locality, seem to have a marked preference (if I may be allowed the expression,) for certain regions. For example, erythema nodosum, is common on the legs, acne on the face and shoulders; pityriasis versicolor on the trunk; lupus on the face; alopecia areata on the scalp and eyebrows; and the list might be much extended. Let us take a case in point, with an eruption, say, on the soles of the feet. We know at once it is one of three, scabies, eczema, or demato-syphilis, for these are the *only* diseases, with rare exceptions, that effect the soles. Thus we see that the *locality* is an important element in our diagnosis.

The phenomena with which we have thus far dealt, are quite appreciable by our senses of sight and touch, and are patent to every observer. There are others however, less perfect in their nature, and less under our immediate cognizance, yet still possessed of more or less diagnostic value.

I refer to the sensations of the patient himself, or the subjective symptoms, such as tingling, itching, burning, and darting neuralgic pains. For evidence of itching we seldom

depend entirely upon the statements of the patient. We can generally determine the presence of itching, by the well known marks produced by scratching; and this is by no means unimportant, for some diseases derive their most characteristic features from being scratched. Prurigo from pediculi, is such a disease, consisting of a popular eruption, which would often escape observation, were it not that the intense itching leads to scratching, which removes the tops of the papules and little hæmorrhages take place, and these spots of coagulated blood give to the disease its characteristic feature. Urticaria is attended by burning, pricking or tingling "like nettles," patients say, while herpes zoster is generally preceded, attended, or followed by acute neuralgic pains. The traces of scratching are generally, as I have said, quite characteristic; in prurigo, scabies and eczema, we have excoriations and little hæmorrhages; in urticaria, long red wheals or striæ; while in chronic affections of all kinds, if itching be a prominent symptom, we find an increase in cutaneous pigmentation, from the constant irritation or stimulation of scratching.

We all place a high value upon the history of the case, in our diagnosis of ordinary disease. That the history is of great value in diagnosis of the diseases we have now under consideration, is not so obvious; and yet, I contend, that it is an aid we cannot always ignore. If the problem be merely to assign a name to the affection, this might be done perhaps; but we desire something more than this; in our correct diagnosis we include all those facts which have a bearing upon prognosis or treatment, and therefore the history, and condition of the patient, are often of great importance. Let me illustrate. Three patients present themselves before us for examination. The first shows us his arms, covered from the back of the hand to the elbow, with a small papular eruption attended with burning and itching. The eruption ends abruptly at the elbow, and we recognize it as eczema in the papular stage. He states that his arms have in some way, (boating perhaps,) been exposed to the rays of the hot sun, and we conclude that the eruption is the effect of heat and exposure, and in a few days will disappear.

In the second patient, there are red excoriated and weeping patches of skin, on the inner side of the thighs, the

axillæ, and other parts of the body, which are evidently also eczematous; and we further find that the patient has been for sometime rubbing into the sensitive skin a strong sulphur ointment, for a real or supposed scabies. Eczema also, we say, but developed under different circumstances, and from different causes. Discontinuance of the sulphur ointment will probably lead to a cure.

Our third patient, is a middle aged man, suffering from dry, scaly, and very irritable patches, about the flexor sides of the limbs. This is still eczema; but we learn that he has had similar patches on several previous occasions, and that he has had gout more than once. A chronic eczema in a gouty man we say, and adapt our remedies accordingly. In these three instances the name of the eruption is the same; all three are eczema, but of different kinds, and produced in different ways. To merely pronounce a disease to be eczema is therefore, I maintain, but a very imperfect diagnosis of it. We are so apt to be misled by a mere name. The diagnosis of a malady is only valuable as it leads to correct treatment and prognosis, and any method that stops short of that is an imperfect one. By the term "history," I refer to, and include, the following points, all which bear more or less upon the diagnosis. 1.—Age and sex of the patient. 2.—Occupation or mode of life. 3.—Past history. 4.—Present condition.

I need hardly remark that certain skin affections, like diseases of other organs, are almost unknown at particular periods of life, and that some are almost exclusively confined to one sex. For example, infants are never affected with acne, nor women with sycosis. *Tinea tonsurans* is an affection of children, (using that name only for the disease produced by the *trichophyton* on the scalp,) and *pityriasis versicolor* an affection of adults. True *ichthyosis* is congenital, and may therefore be excluded, when we have to deal with a disease making its first appearance in adult life.

With regard to occupation and mode of life, it will suffice to say that we know that certain cutaneous diseases are produced by certain occupations, and certain others are confined to certain classes,—such as certain types of eczema among grocers, bakers, washerwomen who use soda, etc.

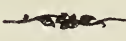
The past history of the attack, may be of vast importance;

we may have to deal with cases of urticaria, of which the visible effects on the skin are the same, yet dependent on quite different causes. One may be due to poisoning from certain shell fish; another to a continued course of copabia; a third to the irritation set up and maintained by pediculi; while a fourth may be purely a neurotic affection. To be satisfied with the mere name urticaria, would be as unreasonable and empirical as to treat them all the same.

A very good plan, in fact the best in investigating a suspected syphilitic eruption in a woman, is to employ indirect questions in obtaining the past history. She may be ignorant of the nature, or even the presence of the primary inoculation, but if she has miscarried,—had ulcerated sore throat, nocturnal pains, or falling out of the hair, she will be well aware of these, and these facts will aid us.

Diseases of the skin are sometimes associated with constitutional states, or diathesis, and sometimes with diseases of other organs, as disease of the kidneys, and this is a consideration worthy attention.

To sum up the foregoing lengthy remarks, we may lay down the following brief rules for our guidance in the examination of skin diseases: 1.—Examine all parts of the body on which there is any eruption. 2.—Take a general view of the eruption as a whole. 3.—Separate it into its component parts, and distinguish what is essential from what is accidental. 4.—Notice the tissues involved and the presence or absence of infiltration, inflammation, etc. 5.—Observe the form or shape the patches assume. 6.—Observe the locality affected. 7.—Inquire as to itching, etc. 8.—Ascertain the past history and present condition.



OBSTETRICAL PRACTICE.

By F. L. Gerald, M. D., Hyde Park.

There has been much written, and a great many discussions upon obstetrical practice during the past few years; each physician upholds his peculiar ideas in practice, and no doubt flatters himself that he is as successful as his neighboring physician. It has been said that a good workman can do a good piece of work with most any sharp instrument of whatever shape or make it may be. I have no doubt of the advantage that some instruments have over others in skilled hands, and in my opinion they should be used in no other. I think that the obstetrical forceps are used many times when there is no earthly need of them, and in many cases an injury is done the patient. There is always danger of wounding the soft parts. The physician may not be aware of it at the time, yet cellulitis may arise causing adhesions or some of the kindred ailments. The physician who feels in waiting upon a case of labor that he has the means to give relief to the patient, or liberate himself, is too apt to fly to his forceps; certainly the temptation is strong. It seems to me that unless we find something preternatural in a case of labor, we are not justified in using the forceps.

I only use them when other means fail, in cases where the uterine contractions are weak and inefficient and cannot be aroused with the usual remedies; or in convulsions and dangerous hemorrhage. After I have examined the os and soft parts, I examine the dimensions of the pelvis to see if there are any deformities,—not to see if it is one-tenth of an inch this way, or one-twentieth that way, or one-fiftieth another way different from what is recognized as a natural pelvis; but to ascertain whether or not there is room for a child of moderate size to pass alive.

I should like to know what proportion of regular physicians in active practice, know the exact position of the vertex in the first stages of labor in all cases; I am fully persuaded that it is not so easy or important a matter to discriminate between the different vertex positions as some talk about. I have been in the habit for the past twelve years of making external pressure over the abdomen in protracted labors, where I could not detect any advancement from one examination to another, for two or three hours, where there seemed to be no rigidity of the os or soft parts, and no deformity of the pelvis, but simply a want of power to expel the child.

In cases of rigidity of the os, I give the following:
Rx. Tincture of Gelsemium, (green root,) 30 drops; Tincture of Lobelia Seed, 30 drops; Cold Water about four ounces.
Mix. Dose, a teaspoonful every ten or fifteen minutes.

In making pressure over the abdomen, I use a folded sheet, or what is better a piece of cotton cloth about twelve inches wide, and about six feet in length; this will fit nicely over the abdomen, and by making pressure by pulling slightly upon both ends of the sheet in the direction of the superior or inferior straits according to the stage of labor, it will almost always give relief to the abdomen and back. I have been called to a large number of cases where labor had been going on for hours, the os well dilated, but very little advancement had been made; and in a few cases the vertex had not engaged, nor would not engage itself, in the brim of the pelvis. I have sat three hours and seen this state of things, and then applied the sheet, and after half a dozen pains have seen more advancement than there had been for three and four hours; pressure should only be made during a pain. In two cases of placenta prævia where there was considerable hemorrhage and the os well dilated, I applied the sheet and made considerable pressure, which caused pressure enough against the bleeding vessels to check the hemorrhage; in both cases the children were saved and the mother did well.

I have watched closely the effects of the sheet used in the way I have directed, and have never seen any ill effects from it, but on the other hand I have witnessed the happiest results in cases such as I have described. By reading some of the articles in medical journals giving directions for the use of forceps, we should almost conclude that every third

woman ought to be delivered with them; yet there are physicians long in practice, who have not applied them half a dozen times, whose record of success will compare favorably with those who use them so frequently.



FOR YOUNG DOCTORS ONLY.

The "*Physicians and Surgeons' Investigator*" is responsible for publishing, and Dr. Snow for uttering, the following chunks of wisdom, regularly sugar coated. Let young doctors "read, mark, learn, and inwardly digest it." It will do them good. It is the best "prepared food" we have met with in many a day.

"MY DEAR YOUNG DOCTORS:

"The time is drawing near when our Medical Colleges will open their ponderous jaws and belch forth hundreds of you, to be scattered throughout the land to test the truth or falsity of what you have been taught, and it seems to me necessary that you should go forth, not only armed with medical lore, but with a knowledge of how to properly demean yourselves, to be successful. As many of you have not had the advantages requisite, I feel it to be my duty to enlighten you, and let out a few secrets.

"The first thing to be done, after you have had your diploma framed, is to have a monstrous sign painted, in gilt letters, the larger the better, and if there is room enough you had better have two. One you can have painted 'Doctor,' and on the other 'Surgeon;' then it will be thoroughly understood that you are both. It is necessary to have these large so that blind people, or those with defective vision, can more readily read them. It is true that some may mistake it for a tailor's sign at first, but when they get nearer they will see their mistake; it is the blind you are after. The next thing in order, after furnishing your office, is to buy as good a horse as you can get trusted for, and ride

like 'mad.' Drive up to the office frequently, have a peculiar whistle or scream for your office-boy, so that you will attract attention; run in, seize a splint or bottle, then drive off again. At night it is quite important to occasionally get up the horse, drive to the office and yell a few times, in order to awaken the whole neighborhood, so that they may know that you are called out. Never go to church and have some one call you out, for every one knows all about that; but if you can manage to be interrupted at the theatre or circus, it will take well, for the people know that a doctor dislikes to have his enjoyment cut short, so you see this will be new. After a little while you will get a call.

"On entering the sick room you must rub your hands together,—a good doctor always rubs his hands. Then go for your victim; commence at his hair, look at his teeth, color of eyes, shape of hands and fingers, moles, etc., etc., until you have got to the feet; jump from one side of the bed to the other, if you cannot go round the bed, jump over it and the patient; get down on one knee, then on the other; thump, pound, listen, paw, look wise, give a grunt of astonishment now and then, to indicate that you have made some wonderful discovery; bend up the knee, and if it cracks say, 'Oh! as I supposed,' and look mysterious. And keep up this fire for about an hour and a half, no matter if the patient does inform you, when you first enter the sick room, that he has a sore throat or a cinder in his eye. This will impress the patient and friends with your thoroughness. This is called the 'acrobatic method.' Next to dropping the head and keeping the mouth closed, so that people cannot find out that you are a fool, the acrobatic method is the best. But for a long steady pull of success *for* a fool, give me the doctor who can hang his head, look wise and say nothing. *He* never will commit himself.

"I knew one of that stamp once who had all the practice he could attend to. He never was cornered. Some of the friends of his patient were about to leave for their homes in Michigan, and desired as a great favor that he should give them the exact condition of the sufferer, as they wished to communicate his ideas to their friends at home. Said the doctor, 'Well, if the patient remains as he is now until tomorrow, without any change, he—will—be—about—the

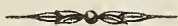
—same.’ That required years of practice, and here you have it in a few words. *That* alone will be worth thousands of dollars to you. Another method is to walk carelessly into the room, glance at your patient merely, write your prescription, or deal out your medicine, and then commence visiting the family. Tell them of something you saw while you were abroad; any little thing will remind you of it, if you try hard. This will show them at a glance that you are so familiar with disease that you can diagnosticate it at a glance, and you can inform them if necessary, that you acquired this ready method in Europe, and that no doctor can do it unless he has been there. If your patient should be fortunate and recover, do not forget to impress upon his mind, and the minds of his friends, that he has been a very, very sick man; that he has been snatched from the yawning gulf just as he was about to take the everlasting leap into the great unknown; that you had wrenched the icy fingers of death from his throat, just as he was about to give the last struggle for existence; that you expected to see crape on the door at your next visit, many times. This will show them that you hold the keys.

“Go to the several druggists in your town, and obtain their bids for your prescriptions. Some give twenty, while others will go as high as thirty per cent. Cling to the last man then. Always write a fresh prescription every day—one that will cost about \$1.50—which will help pay your board bill. Collect once a month all your percentages, as that is the custom. When called in consultation, pursue the ‘acrobatic method,’ which will impress the friends, and you will always stand a good show of getting the patient away from the regular attendant. And when you do get him, and find that you are not equal to the task, or find the case a hard or doubtful one, say, ‘If I had only been called sooner, I could have cured him.’ That helps the other fellow; it helps him out—out of *that* family. When you want counsel, call an old doctor—one of those who always says to the friends, ‘Well, the doctor is doing very well, for one so young and inexperienced; but oh!’ That *but* will inspire great confidence in you, but you will get left. The best counsel you can have is one who asks a few questions at the bedside, then, as soon as you reach the consulting room, asks you how

much you think the friends can stand in fees; then goes on and relates the wonderful cases he has had, or tells you some good stories, goes out and informs the family that you are doing all that any one could do, and that your plan of treatment covers the ground. You become considerably enlightened in the case, and the patient will, undoubtedly, go on to rapid recovery.

“Make all the calls you possibly can, no matter how poor your patient is; then, if they cannot pay the last dollar, take their cow or stove, or go and board it out, as I have heard of some doctors doing. You will gain friends in this way, if you do not accumulate wealth. Always go looking rough and dirty, hair unkempt, teeth nasty, clothes filthy, smell of whiskey and tobacco, and keep everything in confusion in your office. People will think that you have no time to brush up, and keep yourself clean, and that you are obliged to stimulate on tobacco and the ardent to keep up. Do not forget to be rough and ungentlemanly, on all occasions, for you must remember that Abernethy was, and *he* was smart.

“When a patient comes to you from another physician, always disagree with him in the diagnosis, particularly if he belongs to another school of practice. This, of course, may make the patient distrust doctors generally, but have great confidence in you, particularly when he returns to the other fellow, as he sometimes will.”



MOLECULES AND ATOMS.

Modern science declares that every substance consists of an aggregation of extremely small particles, which are called molecules. Thus, if we conceive a drop of water magnified to the size of the earth, each molecule being magnified to the same extent, it would exhibit a structure about as coarse-grained as shot; and these particles represent real masses of matter, which, however, are incapable of further subdivision without decomposition. A lump of sugar, crushed to the finest powder, retains its qualities; dissolved in water, the

mass is divided into its molecules, which are still particles of sugar, though they are far too small to be seen by the highest powers of a microscope. The physical subdivision of every body is limited by the dimensions of its molecules; but the chemist can carry the process farther. He "de-atoms;" but the parts thus obtained have no longer the qualities of the original substance. Hence the molecule may be considered as the smallest particle of a substance in which its qualities inhere; and every molecule, though physically indivisible, can be broken up chemically into atoms, which are themselves the molecules of other and elementary bodies.
—*Popular Science Monthly*.



HOW TO USE THE BROMIDES.

George M. Beard, in a paper published in the *Journal of Nervous and Mental Diseases*, advocates the use of the bromides in connection with tonics when the proper indications are present. He says the failure to obtain benefit from them is mostly due to insufficiency of dose, and 30 to 100 grains "more or less," should always be given so as to produce "bromization," by which the sedative action is assured. To prevent sea sickness one should be thus impressed before embarking. They may be given in doses of 15 to 20 grains, two or three times a day, for a length of time, without benefit, when doses of 30 to 60 grains for a few days only, will secure all the good effects. These effects often last a long time without continuing the medicine. His idea is to throw in the drug rapidly for a few days until bromization is induced, and then stop. Bromization is a form of narcotism, and may continue for days and even weeks before disappearing, the patient being sleepy and stupid. Some persons require but a single dose to quiet them for the night, but it is generally much better to give two doses, one in the morning and the other at night. Tonics correct undue bromization, quinine being the best for this purpose. Citrate of caffeine powdered, in five grain doses, will arrest excess in bromization. Bromide of sodium is preferable to bromide of

potassium. It contains 80 per cent. of bromine while the latter has but 68. Bromide of ammonium has 81 per cent., and that of lithium 92. The sodium bromide is the least disagreeable, and rests better on the stomach than the others. There is a great advantage in dilute solutions. Dr. Beard gives a tumblerful of water, and even two when he can get his patient to swallow it. This prevents local irritation of the stomach and "flushes the system" with water, which he thinks highly beneficial in many nervous troubles.—*Pacific Medical Journl.*—*Indiana Medical Journal.*

DIRECT TRANSFUSION FOR THE HEMORRHAGES OF TYPHOID FEVER.

At a recent meeting of the Clinical Society, held in London, Dr. Mahomed related two instances where he had employed direct transfusion with marked, but temporary benefit (*Medical Press and Circular.*) In the first case, that of a man, twenty years of age, there was a collapse on the fifth day of his typhoid; on the thirty-fifth, he had a severe hemorrhage, which recurred twice on the following day. His pulse had reached 160° F., and he was fast sinking when the operation was performed. He rallied and even gave hopes of recovery, but six days later another hemorrhage occurred, and he began again to fail, dying on the forty-fourth day of the fever, nine days after the operation.

The second case, was that of a married man; twenty-five years of age. He had a relapse on the twenty-sixth day. Two days later, he had a hemorrhage, four days later, three severe hemorshages, and he fell into a state of exhaustion. Transfusion was performed the next day, but the patient died five days later from some lung complication. Dr. Mahomed stated that hemorrhage occurs in about seven per cent of all cases, and that in them the fatality is about 50 per cent, and that in these instances one-half die from the immediate effects of the loss of blood.

For these cases he advocates transfusion, and recommends Aveling's apparatus.—*Chicago Medical Times.*

VACCINATION IN A SCIENTIFIC VIEW.

At the last meeting of the National Association, at St. Louis, Mo., a gentleman from Iowa, read a paper commending Vaccination as a preventive of small-pox. An animated discussion ensued, showing an absorbing interest among members ; but many standing pre-eminent as progressive, and and reformers in medicine, appeared to have their eyes closed in regard to the fact. Such a spectacle is a painful one. Can it be that these men are really ignorant of the facts? Or are they overborne by the clamor that has been got up by exciting the people's fear? If they are wilfully ignorant, there is little hope. He who adopts opinions without reason will never be convinced by reasoning.

I too have been so foolish as to suppose that vaccination had some comparative utility. But I can now say with Dr. E. Reich (*Die Ursacher Der Krankheiten*, sec. 211): The scales have fallen from my eyes, and I see that the foundation of the Babylonish Tower has been built of blotting paper and set upon loose sand.

The assertion is made in Buch's *Hygiene and Public Health*, Vol. II., page 527, that every year shows the increasing readiness of the lower classes to suffer their children to be vaccinated. This can hardly be true. They may have been driven into it by tyrannical statutes and brutal officials, or otherwise coerced. The question is asked every day, whether vaccination is really necessary in order to prevent children from taking small-pox, or to be admitted into the public institutions of learning? They are more than ever hostile, and resist vaccination all that they are able. Some day, as in many districts of England, these unjustifiable compulsory statutes may become a political test, and so be swept out of existence by an uprising of the people. If vaccinators were held responsible for the death and disease which they cause, the business would stop.

It is not because they are ignorant that our poorer population resist vaccination. They have witnessed its ill effects. The very last year, many children in Boston, who were vaccinated, broke out with an ichorous ulceration all over the body. This took place in kindergartens, and it was explained that the vaccinators were unscrupulous and made use of "doubtful lymph."

My own observations, however, during the last two years, have shown me that the same ill result occurred in cases where the "best" of fresh animal vaccine virus had been used. A child was brought to me a few days ago, having actual syphilitic ulcers on the right arm and shoulder. The parents were healthy, and the child had been perfectly so, till it was vaccinated. This had been done two weeks previous, and with Dr. Martin's "fresh animal lymph."

Able writers and observers declare that a genuine vaccine disease is very similar to syphilis; and Jenner himself asserted that no vaccination was reliable which did not produce erysipelas.

Suppose, however, no such results occur, as I have described, have we any reasonable proofs that exemption from variola has been assured? I say, No! Persons who have been vaccinated twice and three times are attacked with small-pox, and sometimes within a short period after their vaccination. Dr. August Theodore Stanim, after having been vaccinated at three different times, with the due effect, was stricken down with the small-pox, while engaged in his professional duties. He barely escaped with his life. He now without hesitation denominates vaccination, an idiotic act, and imbecility. See his work, *Die Ausrothung Smoeglichkeit der Pocken*, Berlin, 1869. What does this vociferous noise about vaccination teach us in regard to its protection? It only holds up to view an immensely foolish superstition, which is cherished by medical practitioners.

We find the men who most strenuously uphold vaccination are themselves engaged in selling vaccine virus, or are vaccinators whose business would suffer if this practice should be impaired. They endeavor to make it appear that small-pox epidemics and deaths from the disease, have been lessened by vaccination. They sedulously and purposely overlook and disregard the fact that improvements in sani-

tary regulations have been the factor; and that other epidemics and not small-pox only, have been greatly diminished. If we were told that by inoculation with miasma or syphilitic virus, we would lessen zymotic disease or syphilis, it would not be more surprising.*

Let us, however, contemplate the subject from a scientific point of view. What do we transmit into the system when we vaccinate? A poisonous ichor, a heterogeneous substance, a poison by means of which, as Dr. F. Becker declares, "the germ of numberless diseases is planted, which destroy so many lives of children, in Germany, and other countries where vaccination is compulsory." (*Anleitung zur natur-gemaessen Heilury der Menechen—Blattern Massern Roes-then, Scharlech*, in Cassel, 1865.)

That the child who is vaccinated has a predisposition to other diseases occasioned by it, I will show by the following case, which first called my attention to the matter. E. M., a lad of four years old, perfectly healthy, well-nourished, and never sick, having healthy parents and living in a healthy neighborhood, was vaccinated, May 8th, 1878. I performed the operation and employed fresh cow-lymph which I had obtained from Dr. Martin. It did not take effect and I repeated the operation eight days later, using the same animal lymph. Still no effect was obtained. I counselled the parents not to subject the child to another operation till autumn, as so much vaccine virus in the system would predispose him to other diseases. Indeed, two weeks afterward I was summoned to see the boy. I found him in a high fever, with a rash over his body like measles. This subsided on the third day, and I left the child in the mother's care. Two days later, I was called again. The child had a very sore throat; the tonsils on both sides were much enlarged, and covered with diphtheritic membrane, which extended to the fauces and appeared to be rapidly increasing downward. In less than twenty-five hours, it had reached the larynx and trachea. Despite all known remedies and energetic treatment the case proved fatal on the fourth day.

This instance, as well as the many examples collected by

*Dr. Merkel overlooks the fact that certain physicians do actually recommend inoculation with syphilis and diphtheria.

Prof Gunn, in the *Transactions of the National E. M. Association*, Vol. VI, pp. 75-81, and the numerous incidents by Alexander Wilder, in his paper, *Vaccination a Medical Fallacy*, is sufficient to justify careful investigation.

WHAT IS VACCINE VIRUS?

I will now comply with the kind invitation of Prof. Gunn, and give a critical, scientific explanation of the nature and character of the vaccine poison. The partisans of vaccination have always carefully and sedulously avoided every thing having the slightest reference to science in this matter. They depend on chances and *bratum fulmen*, with falsified statistics; but show carefully every fair discussion, ever urging editors to exclude from newspapers every argument and evidence adverse to vaccination. More stupendous cowardice and consciousness of wilful wrong-doing are seldom displayed. Dr. Sayre is no exception. Indeed very few of them have any intelligent idea about vaccination, which really is an empirical expedient adopted in utter ignorance.

I propose to give the different ingredients of which vaccine virus, human and animal, is composed; and the form, period and condition in which it appears in the human body. For references I will name the *Real Encyclopædia*, Vol. VII, pp 132.

Vaccine Lymph contains: 1st *Fibrine*. It has white flocks, and threads in the centre, which are considered by Vuelkeas an essential and characteristic of virus still active. 2nd. *White blood-corpuscles*, which in fresh lymph shows amoeboid movements and little sharp contourite (furrows) attached; the protoplasm is surrounded with small glittering molecules, which appear granulated. 3d. *Red blood-corpuscles*; these are always observed, even if only in small numbers. Their presence cannot be avoided, even with the greatest care. 4th. Numerous brilliant, glistening, sharp, contour-niated or furrowed, greenish light-shining molecules, which are much smaller than the red blood-corpuscles, float independently around or partly adhere to the white blood-corpuscles, or are surrounded by the substance of the corpuscles. Hoppe Seyler remarks: "With regard to the indifferent behavior of those mysterious objects to the solutions of soda and muriatic

acid, they must be looked upon as a development-progress of fungi."

In opposition to the accepted opinion, that fungi are the carriers of contagion, is the observed fact that lymph treated with the $1\frac{1}{2}$ per cent. solution of carbolic acid is still active, while lower organisms die in a 1 per cent. solution.

Besides the above-mentioned ingredients, vaccine virus contains other "irregular substances." *Fungi* are present in the form of small round cells, which have molecular movements, and often hang together in chain-like form. This exists even in "lymph" which is comparatively fresh.

Fat-globules, skin, epithelium, leucine-globules and crystals of margarine are found in old and inactive lymph, accompanied with the fermenting process.

The small round cells with molecular movements which are in a state of ferment or zymosis, and which Lothar, Myer, Hoppe Seyler and others regard as *fungi*, are the same organisms that "Cohn" considers as the *Micrococci vaccinæ*, pathogenic globule bacteria. They are 0.5 micromillimetres in diameter, or even less, and appear single or in connected pairs.

These globules or bacteria are found in large numbers in fresh vaccine matter, which is completely pure, and also in virus from small-pox pustules. Weigert states that they are also found in the small ducts of the epidermis in the bodies of persons dying of small-pox.

Experience has proved to us that liquid "lymph" when free from these cell-like elements, is inactive. Through the endermatic results and the experiments of Chauveau and Burton Sanderson, the hypothesis has been accepted by many practitioners that the *bacteria-cells are the active elements of vaccine virus*.

Permit me a few remarks in regard to the nature and existence of these minute organisms, which are named by various terms, according to their state of development.

Bechamp generally used the designation of *microzymes* to denote the lowest organisms. They are generally found in putrefactive fluids and are known to be in all infective fluids. They are minute specks of protoplasm, more or less spheroidal, and not more than one-twenty-thousandth of an inch in diameter.

Dr. John Ross endeavored, when speaking on this subject before the British Association for the Advancement of Science, some years ago, to show that although the microzymes of putrefaction and those of infective fluids are morphologically of the same order, nevertheless they are of different orders physiologically.

Hæckel used the term *bionta* to designate a physiologically individual, and divided the *bionta* into three orders: 1st. The "actual bion," which represents the highest developed form of the individual of the species. 2nd. The "potential bion" which includes all the forms of the individual until the highest developed form is attained. 3d. The "partial bion" which represents a portion detached from a higher organism, and has the capacity to maintain an independent existence for some time, but not to become an "actual bion." This would show that microzymes of putrefactive fluids must be either actual or potential *bionta*; while there is strong evidence to prove that those of infective fluids are merely partial *bionta*.

If fresh vaccine virus and an infusion of bay a few days old, are compared with each other, it will be observed that the living particles in each are very different from each other. The former do not elongate into staff-shaped bodies, and their motions are semi-rotatory; whereas the others are oscillatory, and form clusters very similar to those of blood-corpuscles.

It is true that if we take the fluids of the body, after death, with some disease, we will sometimes find microzymes in large numbers, which are highly infective. I have also found them present in fluid from cystic tumors. Pus-corpuscles cast off buds from their surface, some of which are not more than a twenty-thousandth of an inch in diameter, and are morphologically very difficult to distinguish from the corpuscles of vaccine virus.

Hæckel remarks that these buds must undoubtedly be regarded as "partial *bionta*." This renders it possible that others are of a similar character.

Whether these particles which appear in the blood, pus, lymph or fluids are termed bioplasm (Beale), microzyme (Becham), micrococci bacterium (Klebs, Sanderson, Cohn), *bionta* (Hæckel), Dyscrasia (Virchow), or even *pathological bacteria* (Luenssen), this much is known of their existence—

no matter what terms are applied to them according to their state of developement and the circumstances.

In my next communication, I will confine myself to that class of organism designated *Micrococci Vaccinæ* or *pathogenic Bacteriæ*.

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CHRONIC OVARITIS.

Paul F. Munde, M. D., Clinical Professor of Gynecology, in one of his clinical lectures presented the following interesting case:

I will now show you a case, gentlemen, which is very common. It is a disease which Dr. Thomas himself admits that he can do very little for. The patient came to me about three weeks ago complaining of pain in her left side, immediately over left ovary. She is 24 years of age and has been married four years, has had children, no miscarriage, last delivery fifteen months ago. She was sick two months before she came to see me; at the present time she complains of pain in the back, legs, and abdomen; has her courses every three weeks; first appearance at twelve years, duration one week; amount rather profuse; last appearance Dec. 1st; she is constipated, for which she takes laxatives; urination painful. On examination I found an enlargement of the ovary and tenderness of the enlarged ovary. On pushing my finger upwards I detected the tumor, which was movable up and down, and was about the size of a lemon. It was very tender to the touch; it was not attached to the uterus and could not therefore be a fibroid. From the position, tenderness and pain, there was no question that it was an enlarged ovary; it was enlarged by inflammation, probably not of the acute character, because acute ovaritis is very uncommon in the non-puerperal condition. This is not

an inflammation properly speaking; an inflammation is an affection accompanied with an increased temperature. But we do not have increased temperature here in the ovary, we simply have enlargement and tenderness. It is what I am inclined to call chronic congestion of the ovary.

We probably all have had more or less tonsillitis; the tonsils swell, but you know that this is not always inflammatory swelling, as in quinsy sore throat. The tonsils are a little tender outside, and would be much more tender if you could squeeze them more thoroughly. This is nothing but acute congestion of the tonsils. In a few days or weeks it gets to be a chronic congestion, and in a few months we have a permanent enlargement of the tonsils, which is a hyperplasia, the formation of new tissue. This is what we have in the ovary from exposure to cold. It is possible that this patient may have gotten up barefooted. She may have been unwell at the time and had a chill. The result was that her ovaries became enlarged and congested. I have frequently seen this condition brought about by too much exercise. Excessive coition will also produce it. The left ovary is much more frequently congested than the right. The chief symptom is pain in the left ovarian region, pain during menstruation, defecation and coition, and bladder irritation, which seems to be sympathetic. There is also general nervousness. The significance of chronic ovaritis is quite sufficient to call for advice and treatment. The probable causation of sterility is another consequence to be considered. This patient is not sterile. Supposing her enlarged, congested, tender ovary keeps on in this condition, and, as it frequently happens, and has happened in her case, the tissue surrounding her ovaries becomes inflamed, and the peritoneal envelope congested, exudation then takes place. The ovary is surrounded by plastic lymph, which does not become entirely absorbed. It contracts; and we have an explanation of the causation of sterility. No ovum can get out; no spermatozoon can get in; so that, as far as that ovary is concerned, the woman is permanently sterile. If both ovaries are involved sterility is a necessary consequence. It is therefore all important that treatment should be employed for this condition. Another sequence is the formation of ovarian cysts. A congested ovary contains more blood than it ought to. If at the same

time the covering of the ovary is thickened the Graafian follicles do not rupture as readily as they ought, but at each menstrual period a little blood is exuded into one or two Graafian follicles. They increase in size and number, coalesce, and we have the beginning of ovarian cysts. Besides, the enlarged congested ovaries prolapse, and get down into the cul-de-sac between the rectum and uterus and then increase still more in size, become adherent with all the concomitant symptoms which I have spoken of. The treatment for chronic ovaritis is a very unsatisfactory one. If we can keep down the ovary and reduce the congestion we can relieve her so much that she will suffer no pain.

The treatment is almost entirely local. A blister should be applied once or twice a month over the ovarian region, to be alternated in the intervals with tincture of iodine; then pack the vagina full of cotton soaked in glycerine; use injections of hot water with the addition of a little glycerine twice a day, a gallon each time, the patient being in a recumbent position with the hips elevated in order that the water may stay in as long as possible.

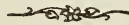
This should be continued for weeks and months. Internal treatment consists chiefly of the administration of tonics. There are two or three ovarian sedatives; the bromides may be given either in combination with sodium or potassium. You may reduce the size of the ovary by giving the patient morphine or bichloride of mercury 1-24 of gr. two or three times daily, combined with the muriate of ammonia in 5 gr. doses. The chloride of gold and sodium in doses of 1-20 to $\frac{1}{4}$ gr., three times a day in a pill may also be given with advantage.—*N. Y. Medical Gazette.*



BRUNELLI PROCESS OF EMBALMING.

The process of embalming is as follows, and is called the "Brunelli Process:" 1. The circulatory system is cleansed by washing with cold water till it issues quite clear from the body. This may occupy from two to five hours. 2. Alcohol is injected so as to abstract as much water as possible. This

occupies about a quarter of an hour. 3. Ether is then injected to abstract the fatty matter. This occupies from two to ten hours. 4 A strong solution of tannin is then injected. This occupies for imbibition two to ten hours. 5. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy two to five hours. The body is then perfectly preserved, and resists decay. The Italians exhibit specimens which are as hard as stone, retain the shape perfectly, and are equal to the best wax models. It will be observed in this process that those substances most prone to decay are removed, and the remaining portions are converted by the tannin into a substance resembling leather.—*Scientific American*.



IS MEDICAL TREATMENT PROGRESSING?

When we read the reported cases that come down to us in the medical works of former years, and compare the medical treatment of their times with that of the present day, we respond to the above interrogation with a most emphatic "Yes!" We *have* progressed, and we *are* progressing; but all the schools of medicine are not advancing in the same ratio; some are very far in the rear, and will continue to be until they obtain more enlightened theoretical views; views more in accordance with reason, common sense, and science. In reading a very spicy medical journal called "*The Sanitarian*," published at Quincy, Ill., we were much interested in an article entitled, "The Good Time Just at Hand." The special interest centered upon an account of the sickness and death of Gen. George Washington, giving a detail of the treatment of his case, which we take the liberty of transcribing from that journal:

The General had taken cold, and there were signs of an inflammatory affection of the upper part of the windpipe. Before the physicians came in, a blood-letting neighbor took twelve or fourteen ounces of blood from the General's arm. Then two doctors appeared on the scene, and took hold vigorously. Two pretty copious bleedings were secured, a

blister was applied to the throat, two doses of calomel were given, and an enema administered. Still another bleeding—the fourth—took thirty-two ounces of blood. Vapors of vinegar and water were frequently inhaled, ten grains more of calomel were given, succeeded by repeated doses of emetic tartar. Blisters were applied to the extremities, together with a cataplasin of vinegar and bran to the throat. All this in one day. Meantime, it is said, the patient was sure that the conclusion of this disease—or of his treatment—would be mortal, and after repeated efforts to be understood he succeeded in expressing a desire to be permitted to die without further interruption. At this not unreasonable request of his, there was a cessation of the medical activities of his physicians, and he died “without further interruption.”

We now repeat the question at the head of this article:—Is medical treatment progressing? We should say it was; the treatment above described was so near to butchery that the dividing line is feebly discerned. Unfortunately for the afflicted Washington there was at that time no progressive school of medical practice in existence. Had there been, the treatment and the result would have been far different. The disease with which the noble patient suffered was by no means necessarily fatal, and he must have recovered under the scientific treatment of the advanced medical views of the present day, as all such cases do when taken in hand at the beginning.

No greater blessing has dawned upon poor suffering, depleted humanity, than that of reformed and advanced medical treatment, which has crowded out the unscientific and bloody administrations of those of former days, too much of which even now remains among the fossilized and unprogressive members of the medical profession. But there is no great danger of such treatment, as was dealt out in Washington's case, ever being repeated in these days, as reform has gone too far to admit of it, and the intelligence of the people will have none of it. It is true then, that through the influence of liberal medicine, with its more scientific theories, and adjusted practice, we *are* advancing, and we shall continue to advance so long as every practitioner considers himself *still a student*, and that much lies beyond, which it is his duty to acquire.

THE PRACTICE OF DENTISTRY IN MASSACHUSETTS.

This branch of art and science, (for it is indeed both,) is extensively practiced in this State, and should assume some tangible organized form before the people, that they may have some assurance that when they submit to the operations of a dental surgeon, he possesses some recognized qualifications for the important branch in which he is engaged. It is well known that many persons have entered upon this work, with but very meagre information, acquired in a few short months of experience in a dental office; and as no teacher can compel a student to remain with him, or any other teacher, long enough to receive the necessary qualifications to set up in this very responsible position, and act for himself, it will be readily seen why it is that the country is flooded, as it were, with incompetent operators who possess not the first qualification to entitle them to public confidence.

The time for this reckless, irresponsible dental practice is past, and now community demands a better state of things. Once, the extraction of teeth was performed by the family physician, because he was expected to do everything of that kind which was universally considered to be in the line of his duty. But the family physicians have largely laid aside this practice almost everywhere, and they have turned it over to those who make dentistry in all its branches their especial business. Such being the case, it is of the utmost importance that those who practice it should be fully qualified for their work, and that, like the physician, they should possess diplomatized authority to engage in it.

To attain this authority, we have excellent dental colleges, with amply qualified professors, wherein students may obtain the required instruction, and the legal authority to practice their profession.

A qualified dentist should thoroughly understand the

anatomy of the parts with which he is called to deal, and this involves a portion of the nervous and circulating systems, with other matters which are absolutely important to be known.

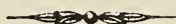
Diseases are not unfrequently traceable to the condition of the teeth, and how to remedy deficiencies, or to treat existing causes and remove them if possible, is important information for the dentist to possess.

To advise what agents are, or are not injurious to the teeth; what dentifrices, if any, are proper; how spongy gums are to be treated, and other important difficulties peculiar to the mouth, teeth and gums.—these and many more matters that might be named, all fall within the circle of duties devolving upon the dentist. And who is prepared to say that for the faithful and intelligent discharge of them the dentist should not be qualified, and that too in the manner which the dental college provides for him? That which is deemed legitimate and important for the physician is equally so for the dentist; and the public should hail a college of dentistry not only as one of the greatest boons conferred on the public, but also as their only protection against unwarranted and ignorant pretenders. The bill recently presented before the Legislature of Massachusetts touching the practice of dentistry was a wise one in its provisions, and commended itself to every reasonable man; and how men calling themselves doctors could oppose it, is beyond reasonable explanation.

For intelligent (?) men to oppose it "because there is no organized method" of dental practice, is futile indeed. There never will be an "organized method" until colleges are sustained, and men seeking to be dentists are legally required to attend them, and study a legally required time. Another objection was, "that it is a branch of medicine," and the Legislature has declined to act upon it. It is *not* a branch of medicine in the true sense, for no medical college teaches dentistry, and never until now has the Legislature been called to act upon it. To answer the weak statement "that there is no popular desire for such a measure," is simply to say that the people have never been consulted on the subject. Drs. Dudley and Wetherbee spoke sensibly, and it may be added advisedly upon the matter, and from their standpoint were fully qualified to speak. The importance of a professional

education to the dentist cannot be too highly appreciated, and its necessity should be pressed until its opposers are consigned to the shade where they belong

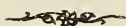
This city (Boston) contains quite a number of well-qualified dentists. and it is an easy matter for such to register, and to have the register published, which will impart some light to the public. It certainly comes within the province of any dental college in any State to make such a register, and so much may be beneficially done until the proper Legislative enactments can be secured.



SOME CAUSES OF HEART DISEASE.

In answer to the query, if deaths by disease of the heart are more frequent than formerly, a New York exchange gives a brief answer by directing the attention of young people, especially, to some common facts. There is an increase of heart trouble, as there always would be in feverish and hurried lives. Many lives are intense enough to strain the whole human system, and increase and hurry the circulation and finally weaken it. A prominent English physician has written his experience in the matter of athletic exercises. Young men, boys who are not fully developed, strain their young muscles, hurry their breathing and circulation, whether by athletic games or rowing. Of those who consulted him, he found hardly one who had a sound heart. The heart had been overworked, had been compelled to pump the blood faster than it could bear, and its power as a heart was impaired for life. It was older than the rest of the body. All excessive muscular exertion makes mischief with young people, before the frame is hardened and compacted by time. The effects may not appear at once, but will remain in the fact of lessened powers, and premature age, or death. The growing use of what are called nervines or stimulants, will increase the tendency to heart trouble. Hurried circulation makes the heart work the harder and wears out the poor pump earlier. Aside from the medicines, which, when taken habitually, are no more medicines (since those are understood

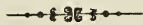
to be only remedial measures for disease,) the growing use of tobacco is a serious evil. If used at all freely, it most surely shortens life; and when taken by the young (and boys who are scarcely more than infants are now seen with cigarettes), it prevents full development, and dwarfs and twists the whole nervous system. In this weakness the heart shares and many a weak and trembling heart, which finally stops for very weariness, owes its weakness to this powerful and deadly nervine. It does not kill at sight, but none the less it does harm. A monkey will eat tobacco with impunity, but it does not follow that human beings will bear it. And even men are careful about the juice or oil. "Keep thy heart with all diligence," may apply to physical no less than to moral well-being.



IN THE INTEREST OF HEALTH.

In an able essay on "The Struggle for Life Against Civilization and Æstheticism," read before the Academy of Medicine, Dr. F. H. Hamilton of New York has touched upon some topics that are of vital interest to students and conservators of public health. From a sanitary standpoint his observations are valuable. For example, he states that "when in the progress of civilization, the fire-places disappeared, with their great open throats—the best ventilators ever invented—and decorated cast-iron stoves were substituted, house sanitation experienced a loss which no sanitary engineer or architect has ever repaired; and when, in obedience to the same inexorable demands of progress in luxury and æstheticism, gas was substituted for oil, and hot air or hot steam furnaces for stoves, the hand was again moved forward another point on the dial of human life." Hygienists have often pointed these things out, but fashion, that domineering mistress, has disregarded the laws of health, and æstheticism has now come farward and is aiding her. The lecturer says that the efforts to heat our houses have deprived us of a large proportion of oxygen, and "the plumbers have at last rendered actually poisonous what

remained by connecting the interior of every room in our houses with the sewers." Water is thus vitiated by these gases and the doctor makes the positive statement that he never saw a case of diphtheria in New York City until the Croton water was introduced. He is not sparing of his criticisms upon what our present social habits demand of adults and children in the way of dress, and points out the diseases and discomforts which they entail. Dr. Hamilton's antidote for the unwholesome atmosphere of houses is worthy of serious consideration. It is: First—That all plumbing having any direct or indirect communication with the sewers shall be excluded from those portions of our houses which we habitually occupy. In other words, that it shall be placed in a separate building or annex. Second—That we return to the open fire-place or the grate as a means of warming our private houses. Third—A diminished consumption of oxygen by gas burners." These important questions ought to be discussed by the people of the whole country, and of cities especially. Reforms in this direction will be conducive to the public health.



A DOCTOR ON THE BICYCLE.

"A Country Surgeon" writes to the London Lancet about the bicycle as follows: "I have been a bicycle rider for the last five years, with an ever-increasing delight the more proficient I become. This summer I have turned both my horses out to grass, and have trusted to my bicycle alone, doing on an average about fifty miles a day. I find I get through my day's work with less fatigue than on horse-back, and without the monotony of driving. My work is done quicker; my usual pace is ten miles an hour, and I can go at the rate of fifteen when pressed. A bicyclist's steed is always saddled, and on arriving at your destination does not require a boy to hold him. It can be ridden with almost as much ease in wet as in dry weather, but it is not adapted for a very hilly country, though all moderate hills can be surmounted. Since I invested in my fifty-two inch I rode ninety-five miles in one day without unusual fatigue. I can confidently recommend all men who are fond of exercise without fatigue, and all who wish to curtail their stable expenses, to take the trouble to learn a bicycle."

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The next annual meeting of the National Eclectic Medical Association will take place pursuant to order of the Association, at New Haven, Connecticut, beginning on Wednesday, June 21st, 1882, and continuing in session for three days. It will be held at Loomis' Temple, which has the conveniences required for the holding of sections and meetings of Committees. Ample hotel accommodations will be furnished at the New Haven House, on Chapel street, for \$2.00 to \$3.00 per day.

The Local Committee of Arrangements are Dr. Maurice F. Linquist of New Haven, Dr. S. B. Munn of Waterbury, and Dr. George Andrews, of New Haven. This assures due attention to the wants of members and their wives, and whatever is required on the part of Connecticut Eclectics to make the meeting what it ought to be. Dr. Munn writes the Secretary, "you will see that all is right on our part so far; and we shall do our duty, so as to make it a success"

We have expected and presumed as much.

The new arrangements, by sections, will require attention; and members will do well to prepare themselves with papers, reports of cases, etc., to co-operate with such of these divisions of the Association, as their taste and convenience will admit. It will be a vast improvement over reading papers by title, which are so generally unwritten or transmitted in the expiring moments of the last hour.

The Sections as arranged by President Latta, are as follows:

A. *Surgery and Anatomy*.—Chairman, ROBERT A. GUNN, M. D., 45 East 22d Street, New York City; Secretary, EDWIN YOUNKIN, M. D., 813 North 21st Street, St. Louis, Mo.

B. *Public Hygiene, State Medicine and Medical Jurisprudence*.—Chairman, MILBREY GREEN, M D., 2,389 Washington

Street, Boston, Mass.; Secretary, HENRY B. PIPER, M. D., Tyrone, Penn.

C. *Obstetrics and Gynæcology*.—Chairman, JOHN KING, M. D., 213 West 4th Street, Cincinnati, Ohio; Secretary, HENRY K. STRATFORD, M. D., 243 State Street, Chicago, Ill.

D. *Practice of Medicine, Materia Medica and Chemistry*.—Chairman, ALBERT MERRELL, M. D., 63 Locust Street, St. Louis, Mo.; Secretary, G. HERMANN MERKEL, M. D., 322 Shawmut Avenue, Boston, Mass.

E. *Ophthalmology, Otology and Laryngeology*.—Chairman, ROBERT S. NEWTON, M. D., 1 Livingston Place, New York City; Secretary, HENRY OLIN, M. D., 126 State Street, Chicago, Ill.

F. *Physiology and Diseases of the Mind and Nervous System*.—Chairman, J. R. BORLAND, M. D., Franklin, Penn.; Secretary, S. S. BOOTS, M. D., Greenfield, Ind.

G. *Dermatology and Genito-Urinary Diseases*.—Chairman, MILTON JAY, M. D., 513 State Street, Chicago, Ill.; Secretary, CHARLES E. GRISWOLD, M. D., 412 Gold Street, Brooklyn, N. Y.

It will be expected, of course, that each Chairman and Secretary will have a word to say, if not an elaborate discourse; but there is opportunity for others. The various controversies on surgical methods and treatment, the peculiar administration of our State and other Health Boards, the modes of precaution against epidemic, the surgical treatment of President Garfield, the questions of sanity and medical jurisprudence involved, and the somewhat extraordinary expert testimony in the world-famous trial of Guiteau, the new Pharmacopœia, and the endless round of subjects and enquiries in relation to diseases generally, afford volunteer topics enough for every living and earnest thinker of the Association.

The Band Prizes for the best papers on ZYMOSIS and ANÆMIA, will also call forth effort in that direction.

The place of meeting is eligible. It is a University town, one of the oldest in New England, and abounding with attractions. Members from the West will hardly object to it; only two meetings have been held East since 1870—one in New York and one in Boston. The one at Washington, ought not to count; no Eastern man had any hand in that, and it is not

right to hold them responsible for it in any sense, except that their fidelity to Eclectic principles was there nobly demonstrated. As the tendency now is to "go west," one good meeting East is essential to perfect the nationalism of the Association, as distinguished from any sectional character which a plurality of meetings beyond the Alleghanies might be likely to impress upon it. We are going among Yankees, the people peculiar for a rigid spinal column, but broader in sentiment and more generous in the bestowment of charities, and benefactions to liberal learning, than any other body of the American people. We shall have a good meeting at New Haven, if each member and delegate carries thither his part. The Eclectics of Connecticut will take care for the rest.—*Medical Tribune.*

CHLOROFORM. At a meeting of the British Pharmaceutical Society, Mr. J. B. Barnes stated that vegetable infusions may be preserved indefinitely by the addition of a minute quantity of chloroform. A mucilage of gum acacia and a malt infusion have been satisfactorily experimented upon, and the action of the chloroform appears to be to destroy the ferments. Mr. Barnes considers that the discovery may be applied to preserving solutions of citrate of ammonia, lemon juice, and other very alterable organic substances.

OZONE. Ozone is said to be easily and abundantly generated in any apartment by means of an aqueous solution of permanganate of potash and oxalic acid. A very small quantity of these salts, placed in an open porcelain dish, is all that is necessary, the water being renewed occasionally as it evaporates. Metallic vessels should not be used.

CHLORAL. The hydrate of chloral, administered hypodermically, has been used as an anæsthetic with success in the hospital at Bordeaux, France. The operation was a resection of the internal and external nasal nerve, involving some fifteen minutes work, and necessarily excessive pain to the patient. The drug took effect in eight minutes, and complete insensibility on the part of the sufferer resulted.—*Scientific American.*

EDITORIAL.

THE GOOD TIME COMING.

Sensible and thinking men, both in and out of the profession have had their patience tried, and their hearts pained in witnessing the petty bickerings, and ungentlemanly contentions that have existed in the medical profession in years past; and they have very justly wondered why it was that members of the three schools of medicine could not live in a more exemplary state of harmony. They have been casting *paper* missiles at each other, talked against each other, and diligently sought for the most sensitive and tender points whereat they could most effectually assail and wound each other. This warfare has had an ugly look, and has called forth severe animadversions both from the laity and the secular press. Every diagnostic error, every demonstration of what has been considered a lack of good judgement, and every unfortunate failure to cure, have been seized upon with avidity, scanned and turned over and over, apparently for no other purpose than to form a fatal shaft to be hurled at the school of medicine, or at the head of the supposed offender. Medical Journals too have not been backward in some instances in writing unkind and unjust articles against each other, thereby widening instead of laboring to close up the deadly breach. Brethren these things ought not so to be. While they continue serious injury is being done to a noble profession, to patients, and to the public. That the different schools will have different views is to be expected. If those differences are of sufficient importance to demand it, let us discuss them with calmness, coolness, and like men, with a spirit of gentlemanly dignity, and not stand at a distance casting stones and dirt at each other. These are not arguments, and will never change the position of affairs.

It appears to us that all we need ever ask or require concerning a professional brother is whether his moral character entitles him to the position he claims, and whether he has been regularly educated and duly graduated in the school of medicine which he claims as his. All these things being found to be correct, the professional platform is, or should be large enough to admit all to stand upon the same footing. There is not a medical society in existence, nor, until human nature is differently organized, will there ever be, in which its members are a unit upon medical subjects. There will be a difference of opinion, either in theory, diagnosis, or treatment, and yet these societies exist, prosper, and maintain sufficient unity of sentiment upon general principles to enable them to work harmoniously together for the general advancement of medical science. Now if this is true of one society of practitioners, why may it not be true of all, and why may not all work together in harmony. We all desire and contend for freedom of thought and of action, and one great lesson which all of us *must* learn is, to yield to others the same freedom of thought and action that we claim for ourselves. We have ever thought that this condition of antagonism in the medical world could not long continue; that a change must occur; that a different state of things would some time exist wherein the "watchmen" who guard the public health would "see eye to eye,"—when a medical man would not adjudge every medical brother, not of his school, an opponent and natural enemy.

We have been young in the profession, but now we are old, and are rapidly passing from the medical field. But although we have seen much contention, and the exhibition of bitter animosity in the profession, yet we have never relinquished our hold upon the belief that there *was* "a good time coming." It is a matter of rejoicing with us, and it should be such with every professional brother, that the Medical Society of the State of New York has begun the good work of endeavoring to bring order out of chaos by casting "oil upon the troubled waters." This is the oil, in the shape of an amendment to their Code of Ethics.

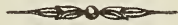
"Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of

medicine. Emergencies may occur in which all restrictions should, in the judgement of the practitioner, yield to the demands of humanity."

Where is the *noble* minded man, or physician, but will heartily endorse and approve this action? This removal of a restriction upon the members of a respectable and influential society, will place such members more at ease in their positions, give them greater freedom of action, and must, as a natural sequence work a lasting benefit upon them, and upon community.

To carry on a work thus nobly begun, it is now only necessary that other State Societies should take similar action, and it is to be earnestly hoped that the Old School Society in Massachusetts will follow the example and enable their members to do that, under the sanction of their Society rules, which some of them now do upon their individual responsibility.

We trust that we are beholding the dawn of a better day for the Profession, wherein this foolish and unmanly war of words which has hitherto existed, shall cease forever, and all bitterness, and envy, and evil speaking shall be buried in a grave so deep as to be beyond the possibility of resurrection.



THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY held its regular monthly meeting in March with a remarkably full attendance.

R. A. Reid, M. D., of Newton presented a paper upon "The Best Method of Diagnosing Skin Diseases" which was listened to with marked attention, and which drew forth extended remarks from several members. By general desire it appears in the present number of the "Journal."

Dr. William Bailey of Boston also presented an essay upon "Electricity in its Action upon the Skin."

Dr. Miles reported a case in which a nursing infant was infected with Vaccina, following the vaccination of the mother. A medical friend vaccinated Mrs. G., with vaccina from the New England Vaccine Co., on Feb. 13th 1882. She was nursing an infant of six months at the time. The

fifth day after vaccination she had chills and fever, with pain in the back and head, and the vaccina was progressing normally excepting its premature developement.

On the 2d day of March the infant showed signs of restlessness and fever: on the 4th the doctor was called and found an eruption on the body, arms and face; on the 5th these vesicles were quite filled with lymph and umbilicated; fresh eruptions were also developing in several instances.

It will be observed that the mother's fever paroxysm occurred the 5th day after her vaccination, and the infant's illness and eruption began just 14 days after the mother's sickest day. Today, March 9th, the sixth since the eruption, the little patient was comfortable and the vesicles maturing.

By the politeness of the attending physician, Dr. J. T. Harris, I was invited to visit this case twice. The diagnosis was obscure during the first three days of the eruption, and several experts watched its developement with great interest; all doubt, however, was removed, and the case pronounced one of Vaccina, or Cow-pox, and was communicated to it from the vaccinated mother.

The case is anomalous, and unknown, so far as those interested have been able to learn.

Many instances are related where mothers nursing unvaccinated infants have themselves been successfully vaccinated, but as stated. without any noticeable effects on the infant.

Dr. E. E. Spencer of Cambridgeport reported the result of a case presented to the Society some two years ago, and which he has, during that period, several times placed before the members. It appeared to be a peculiar case of rheumatism which had been diligently treated according to the approved methods, but he failed to secure anything more than temporary relief; nor could those medical gentlemen whom he consulted suggest any treatment that proved any more successful. A post mortem examination was obtained when there was found in the thorax a great deposit of serum and blood, and one lung was lacerated nearly its entire length. An aneurism was found, which had ruptured, and which explained the cause of the patient's sudden death. No aneurism was suspected, or looked for, at any time during the sickness. It was considered a very peculiar case; there was no disease of the heart; the sufferings of the patient were many times very intense.

Remarks followed upon this report, and Dr. Reid observed that in many cases of aneurism absolute quietude, and iodide of potass offered great hope. Digital compression had also been successful as he had witnessed in the London hospital.

The entire proceedings of the meeting were invested with more than ordinary interest, in which the members generally participated.

THE BOSTON ECLECTIC GYNECOLOGICAL AND OBSTETRIC SOCIETY held an interesting meeting, which was fully attended, on March 28th. Dr. Milbrey Green, Chairman of the Board of Censors reported the name of R. A. Reid, M. D., of Newton, who, upon ballot was unanimously elected a member of the Society. G. H. Merkel, M. D. presented for examination of the gentlemen present a new Abdominal Supporter, invented by M. F. Linquist, M. D., of New Haven Ct. It is made in sizes from 24 to 42 inches, and sizes beyond these are manufactured by special order. It is a very neatly constructed appliance, and for adaptedness, durability, and cheapness in price which is an important fact, it is unequalled. Dr. Merkel has used a number of them and they have given perfect satisfaction. The Dr. will prepare an article for the JOURNAL setting forth its merits more particularly, therefore we will not anticipate him. Dr. Milbrey Green added his testimony in reference to this Appliance, and gave the Supporter his most hearty commendation.

The subject of the propriety of the use of anæsthetics in labor was next introduced by E. E. Spencer, M. D., of Cambridgeport, who remarked that the subject had often employed his thoughts, and that he was in general opposed to their use. He was impressed that they retarded labor, and there was liability to greater hemorrhage.

R. A. Reid, M. D., of Newton, observed that it was the duty of the physician to relieve pain whenever he could do so with safety. He considered anæsthetics dangerous, especially chloroform, but he did not intimate that he disapproved of their use under proper circumstances. He was satisfied from observation that the uterine contractions go on with the same force and effect under their use. With regard to their influence in increasing hemorrhage, he thought it might be possible. At the next meeting of the Society, Dr. Reid will,

by request, read a paper upon the Use of Anæsthetics in Labor.

C. Lloyd, M. D., of Lynn, speaking of rigidity of the os, remarked that it could be overcome by the use of the Tinct. Lobelia Sem. given under proper circumstances, or Gelseminum would be found useful, other conditions being considered.

Milbrey Green M. D., stated that formerly he administered anæsthetics more frequently than at the present time. He thought they were used in Europe with less frequency now than formerly. In regard to hemorrhage, he had seen as much without the anæsthetic as with it.

H. G. Newton, M. D., of Boston, presented for the inspection of the Society a Deformed Fœtus, which presented a singular aspect. It was a premature birth without apparent cause, at six and a half months. The deformities were first, a club-foot; second, spina bifida; third, acephalus; fourth, a protrusion of the abdominal, and a portion of the thoracic viscera into a provisional sac, external to the abdominal walls; and finally, an unusually short umbilical cord. It was a first child, the presentation was natural, and the mother attributes the deformity to the fact of a fright about the sixth week of pregnancy.

After an attentive examination of the specimen, several gentlemen offered remarks, after which the meeting adjourned. It was one of the most useful and interesting meetings in the history of the Society.

THE UTAH REVIEW, which now comes to us regularly, is doing effective work in its exposition of the true inwardness of Mormonism, and its labors in the work of relieving Utah from the curse of polygamy deserve the highest commendation. Rev. T. B. Hilton, the editor of the "Review," is evidently not afraid to "take the bull by the horns," and in doing so ought to receive the thanks and support of every well-wisher to his country. The local matter contained in the "Review" is of interest to all.

THE VERMONT STATE DENTAL SOCIETY, held its annual meeting in a three day's session, last month, at Burlington. The attendance was large, and dentists were present from all parts of the State.

UNITED STATES MEDICAL COLLEGE. The Fourth Annual Commencement of this Institution took place at Steinway Hall, New York City, on the 8th of last month. The address of the evening was delivered by Rev. Dr. Newman. The editor of the *Medical Tribune* says, "the conclusion of the fourth term is an epoch in our history to which we hope many in later years will recur with most pleasant recollections, and we trust, as the opening of honorable careers."

THE ECLECTIC MEDICAL ASSOCIATION OF KANSAS, held its annual meeting at Topeka, in February, with about a hundred doctors in attendance. Gov. St. John made an address of welcome, and Col. A. B. Jetmore gave an address in which he declared his approval of, and cordial sympathy with the Eclectic School, and his disapproval of any medical legislation that did not treat all alike. Several interesting papers were read among which was one upon *Reliable Drugs*, and another upon *Vaccination*, which were followed by interesting discussions. The next annual meeting of the Association will be held at Topeka, in February next.

PROF. HENRY W. LONGFELLOW, the genial gentleman and poet has passed from earth, and left a vacancy in the world of letters and of pure poesy, that will be mourned by those who were familiar with the writer, or his productions. He died on the 24th of March at the venerable age of 75 years.

THE NATIONAL HEALTH SOCIETY OF ENGLAND is doing effective work by its persistent agitation of the dress question. Prominent medical men are publicly lecturing the ladies.

THE MAHONING VALLEY ECLECTIC MEDICAL ASSOCIATION, at its March meeting in Salem, Ohio, listened to a paper from Dr. L. C. Hole on "A New and Successful Mode of Treating Syphilis," and another from Dr. J. M. Hole on "Water Cure." Other articles were read by title, and several cases were reported. The Society passed a series of Resolutions in relation to the sickness and death of President Garfield in which they unhesitatingly condemned the medical and surgical treatment as unscientific and professionally absurd.

THE BOSTON SCIENTIFIC SOCIETY held its annual meeting

March 21st., with a full attendance of members. Financially the Society is in a good condition, and the report of the Secretary showed that it was in communication with more than fifty scientific organizations. William Bellamy Esq. was elected President.

PROF. S. D. GROSS of the Jefferson Medical College, Phila., has resigned the Chair of Surgery in the College Faculty on account of his advanced age, and a desire to make way for younger men.

G. Herman Merkel, M. D., of Boston, has received the honorary degree of "Master in Surgical Art" from the United States Medical College of New York.

The Annual (12th) report of the Homœopathic Hospital in Boston looks very encouraging for its founders. While the number of acute cases was larger than usual, the mortality has been but $4\frac{1}{2}$ per cent.. There are 19 free beds.

HEALTH FOOD. What is health food? that is food adapted to certain conditions of the body wherein a perfectly assimilative agent is required, the tendency of which shall be to aid in the preservation of health, and the alleviation and cure of disease. Is there such an article now known to the profession? We are told that there is, and those physicians who have used it, and are still using it, say that it meets the necessities of those cases in which they prescribe it.

The HEALTH FOOD COMPANY of 74 Fourth Avenue, New York, and 199 Tremont Street, Boston, produces such an article. It being free from any objectionable admixtures, and containing all the important food constituents of the grains, the adaptability of this production to cases of dyspeptics, and sufferers from the train of evils usually accompanying indigestion, will be readily recognized. Any physician desiring to make a trial of this "Food" which has proved so useful in the hands of other members of the profession, can receive full information in a descriptive pamphlet which will be sent free on addressing either the New York, or Boston agency office.

MISCELLANY.

COLOR OF THE EYES. That the color of the eyes should effect their strength may seem strange, yet that such is the case is now affirmed; and those whose eyes are brown or dark colored, should be informed that they are weaker and more susceptible of injury from various causes, than gray or blue eyes. Light blue eyes are generally the most powerful, and next to those gray. The lighter the pupil the greater and longer continued is the degree of tension the eye can sustain.—*Scientific Journal*.

SANITARY. The whole science of hygiene may be included in one word—cleanliness. The removal of refuse of all kinds, solid, liquid, and gaseous, is embraced within it, and pure air and water become a necessary result of the operation. It is a trite saying, “nature abhors a vacuum,” or, more correctly it may be said, nature always supplies a vacuum. Whenever we remove foul matter, stagnant water and superfluous dust, we admit air, and generally far purer air, and water, to take their places.—*The Sanitarian*.

THE LITTLE ONES. Children in the cradle are seldom or never neglected by well-to-do parents, but it is when a child begins to run about, and is able to go out of doors, that mistakes are made about the clothing, which often lead to speedily fatal illnesses, or sow the seeds of future ailments, which render life a misery and a burden, that can only be laid down at the portals of the tomb. Instead of studying warmth and comfort in the clothing of their children many mothers study only fashion.—*Harper's*.

THE MILK TREE. This wonderful tree grows in Caracas, in South America. When its trunk is wounded it furnishes an abundant supply of milk, of which the traveller can drink freely. M. Boussingault, who at Humboldt's request, analyzed this product, states that its physical properties are exactly

similar to those of cow's milk, except that it is a little more viscous. It is remarkable for containing an enormous quantity of wax. This substance constitutes the half of its weight.

QUININE. A physician writing upon this agent says,—I would call attention to the employment of quinine by inunction, especially in chronic diseases of children, when the nervous system seems especially enfeebled. In some of these cases I am confident that recovery was due to this use of the remedy. I use it in the proportion of one drachm to one ounce of lard.

LONGEVITY. According to Sir Duncan Gibb, the probable longevity of an individual may be determined by examining the position of the epiglottis. If this be found to be vertical, a great age may be looked for; if it is drooping or pendant, then the age of seventy is not likely to be reached, or at any rate exceeded. Do somebody test this theory.

FEMALE MEDICALS. The *Globe* says there are 390 regularly educated female physicians in active practice in the United States.—New York, Massachusetts and Pennsylvania having the largest proportion. Of the whole number 75 per cent. were single when they began to study, 19 per cent. were married, and 6 per cent. widows.

CALABAR BEAN. A tincture of calabar bean has been found exceedingly efficacious in preserving entomological and other natural-history specimens from the destruction caused by mites. It can be used with advantage in keeping furs and other articles of dress from moths. A very small quantity is sufficient.

INTERMITTENT FEVER. Liquor per-sulphate of iron, in doses from six to fifteen drops every four or six hours, has been successfully used in cases of intermittents in which quinine not only failed to cure the disease, but also produced unpleasant effects.—*Eclectic Journal*.

CONSTIPATION. The evils of constipation result from inattention to the calls of nature, and usually commences with children whose habits are not closely looked to by their parents.

MASSACHUSETTS Eclectic Medical Journal.

VOL. II.

BOSTON, MAY, 1882.

No. 5.

MISTAKES OF ALLOPATHY.

By J. M. Hole, M. D., Salem, Ohio.

Fifty years ago, when a lad, of ten years of age, I made my first surgical operation by cutting off the index finger of the left hand of my little sister, eight years of age, with an axe; severed it entirely, the finger falling among the chips. At once I took it up and put it on again, as I thought it would grow fast, which it did. But when it healed it was not right; the nail was on the side of the finger instead of the top, as the others were. This was my first mistake in surgery, but being quite a young surgeon, of course it was overlooked. However, from that circumstance or some other, I was called "Doctor," and at the age of nineteen years I commenced the study of medicine and surgery, and at the age of twenty-four years I opened an office as doctor of medicine and surgery. Having made the mistake in my sister's finger, I endeavored to avoid all such mistakes thereafter.

Not so with the allopathic profession. Their leaders and founders made mistakes for many long years in the treatment of disease, and dying, bequeathed them to their descendants. And when I began to find out their modes of treatment, I soon felt there must be a mistake somewhere, either in the writings and teachings on diseases and their treatment, or in

my understanding of the true physiological and pathological conditions of the system. And the more I practised upon the principles laid down by my then medical authors, such as Doctors Dewees, McIntosh, Hall, Eberly, Armstrong, Watson, Wood, and others, of this century, and the older writers of centuries gone by, the greater difficulty I found in reconciling them with what seemed to me medical common-sense propositions. To illustrate: nearly all the more profound teachers and writers of medicine, from the celebrated John Hunter down to our time, and all along the ages of the past century until within the last twenty or thirty years, Allopathists recommended venesection or some form of blood-letting in four-fifths of all the diseases treated by them. The case, or disease, either surgical or medical, in which blood-letting in some form was not recommended, was the exception, not the rule, and this must be repeated—blood-letting continued day after day—until the inflammatory condition of the disease was subdued, or the patient succumbed to the terrible ordeal of fatal syncope. This happened not unfrequently. Many instances are recorded, of fatal mistakes of this kind, and very frequently that the patient was carried down so near to death's door, that "Acites" or some other prostrating disease, terminated their existence; others who were copiously bled, never again rallied, and providence took them off in a few days; so said the officiating clergyman at their funeral. And yet, this constant cry for blood became so common, that from 1800 to 1840, the bloody lancet, scarificator, and cups, not alone was found in the office of every physician in country or town, but among the laity or people in every neighborhood was one or more persons who could bleed, and who kept a spring-lancet and often horse-phlemes—a contrivance to bleed horses, cows, pigs, and sheep; and so common became this scientific allopathic mistake that whole families, when not sick must be bled once or twice a year, anyhow, to keep well or fend off disease. Not only the people but the poor dumb brutes were compelled to contribute their share of the sanguiferous fluid to keep them well and fatten them. So prevalent and common became this habit in some localities that one of these neighbor blood-suckers (phlebotomists) would set a day, mostly in the spring and fall of the year, on which he would be at a certain farm-house to bleed indiscrim-

inately for eleven pence a piece all who would call upon him that day, and often the sabbath was selected, that the vital fluid might be abstracted from the youths and maidens, fathers and mothers, who consented to have their blood poured out like water to keep well, as the doctor,—scientific allopathic fellow as he was,—assured them would be the case.

This is no fiction. Thirty-five years ago the writer of this article bled whole families from the ages of 80 years down to the yearling; often twice or more a year, and nearly always once a year. This was one of the bloody mistakes of Allopathy; and I, not knowing how to get the people freed from this bloody delusion or mistake, that I found they had been taught to regard as necessary and highly important for their welfare, by my worthy predecessors in the bleeding, butchering art. I was compelled to continue this sanguinary course of practice for some years before I succeeded in getting my patients rid of this terrible delusion. I constantly consulted my books, which I regarded as oracles of the healing art, but was unable to find any relief from them in this delusion. There was one redeeming quality, however, the deadly effects of the lancet done its work without marring the fair form of the patient, as were those who were sacrificed on the altar of mercurial salivation; many of whom presented a most horrible appearance, their mouth, nose and ears eaten away and the bone sloughs superinduced by mercurial salivation, as any physician of that period, if he is honest, must admit has occurred and was constantly occurring forty or fifty years ago. Who has not seen those terrible results in patients, caused by the small and repeated doses of submuriate of mercury, until salivation and death from prostration or loss of blood was produced?

There are very few persons sixty years of age who have not only seen this condition of some patients, or experienced the sad reality of too much mercury, which at some time or other their medical adviser had kindly given them upon the allopathic basis of creating mercurial disease to get rid of dyspepsia, or some other less dangerous malady. That was the teaching of all the best authors in medical literature at that time. In fact it seems to have been the *sine qua non* or *ne plus ultra* for the removal of chronic dyspepsia, liver complaints, and in fact all chronic diseases.

Mercurial treatment could not be dispensed with either in chronic or acute diseases. Some writers termed it the Sampson of the materia medica, and many yet are so favorable to the administration of some form of mercury, that they are constantly dispensing it wherever they dare to use it; while if themselves or families are sick, they find some milder, more rational manner of producing desired results, or emulging the liver.

So, we say without fear of successful contradiction, that this monster, the Sampson of materia medica, has slain its millions and tens of millions of unsuspecting mortals in the name of science by the sad mistakes of Allopathy, and has been, and is now regarded by many of the best medical minds of this age of all schools of medicine, as a terrible mistake of Allopathy in its introduction to materia medica. And instead of its discoverer, Paracelsus, being a benefactor of the people, his discovery has been upon the whole a curse. While there may be cases in which its use might have been commendable, the great and indiscriminate use of the different preparations of mercury must be condemned as wholly unwarrantable, and productive of greater evil to the health and happiness of the human family than any good that may be obtained from its indiscriminate and constant use as a medicine. And, in consequence, we are glad to know that its use as a medicine is being gradually relinquished by intelligent practitioners of the healing art; so that we may hope ere long that its place in the history of medicine will be regarded and only remembered as one of the mistakes of Allopathy.

And what shall we say of the other grand discovery of that same wonderful man, Paracelsus, who became so elated as to cause him to utter much that was the result of brain disturbance from alcohol; and notably his address to his students on one occasion, when he declared that the down of his bald pate knew more than all the writings of Galen and Avacima, and the buckles of his shoes were wiser than all the writings of his medical predecessors; yea, more, he had discovered an immortal panacea that would prolong life to an indefinite period, that man could by the use of those remedies live on and on, *ad infinitum*.

With mercury and alcohol, the pale horse and his rider were, and could be, subdued and rendered powerless. Thus,

you see, how great a mistake this father of Allopathy, and poor drunken debauchee, made; for he fell a victim to his wonderful life-preserver in the 48th year of his age, with a bottle of his immortal panacea in his pocket.

Yet strange as it may appear, we find hundreds of learned and philanthropic physicians, who ought to know better, indiscriminately recommending some form of fermented liquor to nineteen out of every twenty patients they are treating. By so doing they are creating in them the desire for stimulants of an alcoholic nature, which are destroying millions upon millions of the human race, and ought to cause every drop of blood in their veins to rise up and curse the physician who prescribed it.

But enough. This condition of things is now patent to everybody. It does not need, nor indeed could I, if so disposed, portray the untold misery, wretchedness and crime, of every conceivable grade and description, this terrible medicine alcohol is now inflicting upon society, and mainly through the recommendations of those who are supposed to, and should have been, the proper guardians of the health and happiness of the people.

To add to the climax of absurd mistakes of Allopathy, another fell destroyer has been introduced within the last few years, which, if possible, is yet more damaging and destructive than either of the others, in this special regard at least. It can be kept in a nice little case, and the tiny point charged with morphine, with which the common dexterity of any female is sufficient to perform the act of inflicting the skin. All this can, with the hypodermic instrument, be kept in a lady's toilet with the greatest propriety, and used by her at her pleasure, while a bottle of brandy or wine, and its constant use, would be regarded as not entirely in accord with the rules of the best society. These continued morphine injections for every fancied ill is calculated to engraft into the system the most intolerable and soul-destroying opium habit, if possible worse than that of the common inebriate, and fully as hard to overcome or get rid of.

Had our fathers submitted to the tyranny of the British before the Revolution, what kind of a country would we have now? Certainly not a republic. Had the medical reformers of the United States submitted to the lash of an allo-

pathic oligarchy, no progress or relief for the masses of this country from the butchery and poisoning of former Allopathists and their followers could have been had. But at length the intelligent masses began to manifest their disapprobation of such miserable medication; and thus inspiration was infused into such noble philanthropists as Wooster Beach, T. U. Monroe, I. G. Jones, and others, who formed a nucleus around which has now culminated thousands who have molded this liberal system of medication, imperfect as it is; yet it is far superior to the much-mistaken and arrogant Allopathy in all places where they are tested side by side in like diseases, with like intelligence; clearly manifesting their great superiority over the former methods of blood-letting, calomelizing, morphinizing, and allopathic medication.

And one of the great mistakes of Allopathy to-day is its code of ethics, which admits of no member, under pain of excommunication, to choose and adopt in his practice anything that has not the tag officinal upon it, nor to consult with any one who has broken covenant with such allopathic dogma, and is choosing the fittest medication, come from whatever source it may, that will most successfully combat disease and assist nature in the restoration of health, while rejecting therapeutic agents of doubtful character, although they may have the officinal brand attached to them.

For these and many other reasons we have arraigned the allopathic profession of medicine, for having so grievously mistaken the calling of a physician, and of not propagating a proper system of respectable and tolerant medication; and it should be condemned as a failure, and regarded only as a mistaken and unworthy dogma of the healing art, and should be buried out of sight by all lovers of true medical science. The only party entitled to share the confidence of this intelligent age is the one that rises above all creeds, and chooses the fittest medication for the ills of life, irrespective of its source of emanation.

In conclusion, to sum up, the foregoing statements are but a tithe of the mistakes of Allopathy. Is it not, then, one of the wonders of this fast age, that men and women, honest and learned in almost everything else, will continue to practise and teach the young to practise the mistakes of the past in the management and treatment of the various diseases of

the human race? that they will not learn from those around them who have shown conclusively, and beyond any reasonable doubt, the fallacy and lack of science that is so palpably manifested in the administration of each of those remedies we referred to as a curative agent?

From this view of the case we cannot expect any help from allopathic devotees in correcting their mistakes, or even pointing them out. Hence it behooves every true philanthropist in medicine, regarded as liberal, to exert a favorable influence, and, if possible, relieve the people of the mistakes of Allopathy, by carefully pointing them out to the medical profession and the people. Although you may incur the anathemas of medical bigotry and intolerance, yet by showing forth in the light of truth and practical success our treatment of disease, the people will, ere long, consign all those terrible remedies and mistakes of the allopathic school to the mists of the dark ages, where they most unquestionably belong.



CATS AS POINTERS OF POISONOUS ODORS.

[Who says science is not advancing? If any one doubts it let him read the following, which appeared in the columns of the *Boston Journal*, and have his doubts removed. The woman was smart, and the cats rewarded her smartness. This is certainly an original method of detecting poisonous odors, not laid down in the books.—*Ed.*]

An experiment tried recently by a woman in Hoboken to detect the presence of sewer gas in her rooms was a topic of conversation among the Sanitary Inspectors at the rooms of the Board of Health yesterday. The woman had noticed an offensive odor in her parlor, and she went to the agent of the house to request that a plumber be sent to examine the drainage pipes. The agent told her the plumbing

in the house was perfect. She went home and called in some neighbors, who thought sewer gas was escaping from the waste pipes. Acting on the suggestion of a friend, she sent out for some oil of peppermint and poured it into a stationary wash-basin on the third floor. From the basin the oil passed down through a waste pipe behind a closet off the parlor. Very soon, the odor of peppermint pervaded the parlor. The woman then went to the agent again, and told him that she was convinced that there was a break in the waste pipe on the first floor of the house, at the same time telling him of her experiment with oil of peppermint. The agent refused to send a plumber, declaring that the odor of peppermint was so penetrating that it would soon fill a building.

After studying over the situation for a time, the woman purchased some oil of valerian and poured it into the wash-basin up-stairs. She then borrowed from her neighbors two able-bodied cats and placed them in the parlor. The cats sniffed the air in the room as if it were agreeable to them, and they both went toward the door of the closet. When the closet door was opened for them they went in immediately and sprang upon a shelf, where they remained, purring and manifesting unmistakable delight. The woman then went to the agent's office and related what she had done. Although incredulous still, the agent sent a plumber with directions to tear away the lath and plaster in the closet at the point where the cats had rested in their hunt for the valerian. The plumber found behind the shelf the waste pipe completely disjointed. The break in the pipe was large enough to allow an unwholesome amount of sewer gas to escape into the house.

Some of the Sanitary Inspectors said yesterday that the experiment was new and decidedly ingenious. They thought that cats might be used in a similar manner in this city to more advantage than in Hoboken. By employing their household pets as pointers, it was said, residents of the city might save themselves from illness from poisonous gases, and also save the cost of employing sanitary engineers to examine the drainage in their houses.

UNITED STATES MEDICAL COLLEGE.

We present to our readers in this number a very eloquent and logical address, delivered at the Fourth Annual Commencement of the above named institution, by Rev. Daniel C. Potter. Also Dr. Newman's interesting charge to the class.

The address of the Rev. Daniel C. Potter, was overflowing with logic, wit, sarcasm and rich humor. False liberalism received a severe "scoring," as did false conservatism both in science and religion.

He said: I wish to speak on a subject now evoking a great deal of attention, and justly. It is Liberalism. Perhaps it would be well to call it *Modern Liberalism*. The days when strait-jackets were required for free-thinkers are gone by. He who has power to do good to others, and does it irrespective of class or school, is the one who finds recognition at our hands. If a man has his own views of religion he can hire a hall, and there defend his faith, whatever it may be—to empty benches. Who can ask for more than this? (Laughter.) If he has no faith to defend, then he can speak in Booth's Theatre on Sunday night and have it packed. What in the world more is needed?

Liberalism, we may say, is founded on freedom of opinion, but it is a thing which I know is looked upon, at least in ecclesiastical circles, with a great deal of suspicion. These have been maligned, but have generally managed to stand it. The world has certainly gained something by them, and there may be something about them which we would like to change. But they are standards.

Liberality is precisely the same, it matters not where you find it. The liberal man is ready to give every one the right to judge for himself; but the Liberal School which takes everything away and puts nothing in its place, is a school of tramps; and its basis is the basis of lunacy. Some have a

belief so liberal that when they come to the multiplication table, they say two times two makes five. This is not the kind of liberality that should be practiced in medicine, especially if the dose is in any way large. Last summer I found myself very accidentally at a distance from this city in company with a gentleman widely known, who was suddenly seized with an alarming sickness. A doctor was sent for but could not come. I prescribed something heroic in the emergency. We next summoned one who affiliates with, and is a graduate of that school, whose motto is said to be, "Smile on me, smile on Bub, and cure your aunty." It is the custom of that school, I am informed, to look grave at a case of toothache. The Doctor was not an old man, and was puzzled over the case. We proposed to telegraph to the city for a physician of his school who would compare with Dr. A. or B. No, no. "To tell you the truth," said he, "we have not got such a man." "What shall be done?" we asked. "This is a well-known man, and we cannot afford to lose him." He only, however, recommended to "continue the heroic treatment, till the patient was better, and then fall back on his regular treatment."

Liberality will not be hard on conservatives. It will not expect much from them. While, however, awake to every advance, we should not cut loose from the experience of the past.

We remember well the wretched scene at the bedside of the late President. There were doctors standing about,—members of that Old School who never, *never*, NEVER make mistakes. There was also a man there with some sort of an electrical machine, who was to find the bullet of the assassin by means of electricity. He asked the physicians to go to the other side of the room, and then passing his hand over the President's body, he felt or he thought he felt, the round bullet, and placing his machine over the spot, he said: "Here it is; don't you hear it? That is lead." But it was all *miss-lead!*

What has become of the man with the electrical machine? Why did not the newspapers pursue him? Who was he? Where did he come from? It was plain that medical conservatism had been badly "sold" in that case, and had never been manly enough to own it.

There was a physician in England: No, I think it must have been in Connecticut. He had graduated but a short time, and had just read about the symptoms of small-pox, how it develops, etc. A man was taken sick, and our young physician was sent for. He supposed the symptoms resembled those which he had been reading about, and so promptly diagnosticated small-pox, and made a prescription. The physician, like the clergyman, when he jumps at a conclusion, often makes a mistake. Next day the young man called again. The man was well, perfectly well. "What had he taken?" Beans! nothing but beans. Home goes the physician and announces beans as a specific for small-pox.

Now for a word of advice. It may be that these gentlemen and ladies who have completed their course of study in the United States Medical College, will be successful. It may be that you will not. It seems almost cruel for me to suggest this. If you fail to get a living in the medical profession, you can go into heresy. There have not been a dozen trials for heresy in as many years. It is the most open field for energy and enterprise, that now offers itself. Come to religion and you will find there the best samples of heresy, or the most disgraceful examples, as you desire to call it, in the ministry. When a man finds his income not equivalent to his requirements, he experiences a change of view on certain doctrinal points, and so steps into a broader and more remunerative field. But, speaking in all seriousness, I would say, that liberalism has its strong foothold in the Christian Church. We have revised—I would almost say, our Creed, but we have revised—our Code. We have not changed the sense of the reading, but we have made many of the dark things light.

The best educated man in this world, is the man who fits himself to do best what he intends to do. He is the best fitted, who gets knowledge for knowledge's sake, wherever and however it may be obtained, who believes in having the truth, if it can be obtained, under any circumstances. If any man desire wisdom, let him ask it of the Source of Wisdom and he will obtain it.

DR. NEWMAN'S CHARGE TO THE CLASS.

As I sat here observing the exercises of the evening, I

thought what a marvelous picture this is. Here a woman vindicating her equality of intellect, and bearing off the Gold Medal for proficiency in study. And she a Shepard, too! What sick lamb wouldn't like to be treated by her? And then to have that golden medal fired off by a Gunn! What an extraordinary university this is. You only want a Chinese to make the most extraordinary sandwich in the land. There stands Japhet, there stands Ham, next year do not fail to get Shem. In the life of every man and every woman there come supreme moments when long-recurring hopes are realized, and when struggles of many years terminate; when a whole life seems concentrated in a moment. Such was the moment when Columbus saw the light of this land; when Washington grasped the sword of Cornwallis at Yorktown. Such a moment is the present one for you. You are expected to do grand things. You go forth as the representatives of this institution; you are its living embodiments. You represent these gentlemen of the Faculty and the patrons of this college; and you should not forget that you are the exponents of all interests clustering around this institution, which must be very dear to your memory. You are aware that society expects of you pre-eminent success. Ordinary success belongs to a past age. Nothing less than this, nothing more than this, not other than this, but standing forth in all the fullness of individuality, impress yourselves upon the age in which you live. The day was, when a man of your position attended to all diseases; but now in this day of specialties, the sick man has doctors to the right and doctors to the left and doctors in front and behind. He is surrounded with physicians, simply because it suggests the maturity of the age. Remember this: let him who pursues a specialty not neglect all others cognate thereto; that the specialist is the best-informed man that makes himself familiar with all that relates directly or indirectly thereto. You are in a profession that promises the greatest good to you. Not only in a mercenary way. You are the miracle-workers of the 19th century. You are to remember that eighteen centuries ago there lived in Nazareth near Jerusalem a man who effected cures—not by suspending absolute laws, but by counter-working an inferior force by a superior force. The time is coming when the church and the world shall understand the process of Him of Naza-

reth in its true light, and shall crown Him the Prince of philosophers.

I have a young friend, an oculist, who having graduated in this country, traveled in Europe and there graduated with high honors. Since his return to this country, not less than 200 cases have responded to his scientific practice—eyes that were once blind; and science is giving hearing to the deaf and teaching dumb lips to speak. And you, gentlemen of the medical profession, are to so stay the eternal laws of nature, that you shall realize the saying of Shakespeare, that “You shall put a heart beneath the ribs of death itself.” Why should we sicken and die? The average age of the generation to-day is over that which it was a century ago. And you will ascend to the Prophet of Nazareth and stand by him. And ladies and gentlemen of the graduating class, remember that society will demand of you this, the highest honor. In your profession, as in mine, there are rivalries, there are jealousies. Human nature is the same whether it is in the doctor or clergyman. There will be ambition to gratify, but then be men, and rising in the magnificence of your professional honor never seek to rise at the expense of the downfall of a fellow-physician. Strive for a crown, but strive for it manfully, as would become a professional gentleman.

If you cannot win success by fair means, do not seek to attain it by any other means. As we admit the religious teacher to the sanctity of our homes, so do we admit you to the home in the providence of God. We place under your charge our mothers, our wives, our daughters and our sisters. Preserve them and preserve yourselves, and hold the sanctity of the home of your patient as sacred as the sanctity of the eternal world.

It is not my purpose to say more. I have said enough. May you be blessed with length of days and with health.—*Medical Tribune.*



MEDICAL DIFFICULTIES.

By Wm. A. Alcott, M. D.

Medical men, like men of other professions, have their difficulties. They have not always smooth sailing, unembarrassed by winds, breakers or tides, which are unfavorable.

Here is a tobacco chewing or smoking patient. Perhaps he has used his tobacco 40 years, till he is fairly mithsidated by it. Had you called on him a few days before he called on you, and after kindly inquiring about his health, had you suggested, with ever so much modesty and moderation, the necessity of a change in his habits, he would doubtless have told you sarcastically, "Oh, I have used the 'poisonous creature' for half a life-time, and am not injured by it yet." And had you labored with him two hours, or even a whole day, to convince him of his error, your labor might have been wholly in vain. But now he is sick; not merely a little sick, but severely so. His nervous system is prostrated, as well as his muscular powers. Does he know how much greater the prostration is for having benumbed his nervous system with a filthy narcotic every day for one hundred and fifty thousand successive days? There is great irritation and tenderness about the region of the liver, with seasons of nausea, and perhaps vomiting. Does he know how much more severe his bilious affection is, in consequence of having narcotized his system daily for almost half a century? Constipation, alternated, perhaps, with occasional diarrhoea, is another troublesome symptom. Does he know how much of this is owing to his long use of tobacco? In short, he has been using medicine daily—for if tobacco is not a medicine, pray what is?—for forty years or more; and now does he expect other medicine, such as his physician may think it needful to prescribe, will have its wonted effect? Is there no danger of

having his disease aggravated, rather than relieved, by the administration of new medicine? Does he not know that no physician in the world, however skillful he may be, can so apportion his doses to the case of an individual who has, for many long years, been dosing or drugging himself, till he has become mithsidated, or has passed beyond the moment of mithsidation to the gulf of cachexy or general prostration and helplessness, which lies beyond it? And does he not know—for if not his physician, if he is a man who is worthy of the name knows it quite well—that all active medicine is like a sword with two edges, which cannot be used in the vital domain without doing execution in some way? for if it does not cut in one direction, it does in another.

Here is a patient who has used alcohol all his life-time. Perhaps, indeed, that life is but a short one. He is hardly 35 years of age, yet his constitution is as much impaired as that of many people at sixty. True, he was never intoxicated—he would have shuddered, always, at the thought of a lurking suspicion in any human mind. But he has drank his dram at five o'clock, ere rising; at eleven o'clock, as a preparation for dinner; and at four o'clock in the afternoon, as steadily and as certainly as these seasons have recurred, till his system is poisoned through every pore and fibre. And yet, till lately, he has scarcely felt a pain. Now, a host of exciting causes, as so many igniting sparks, have kindled into a flame all the latent predispositions to disease, which a long, but persevering course of transgression had induced. He realizes just now—did he but realize it—the full import of the saying of Solomon: “Because sentence against an evil work is not executed speedily, therefore the heart of the sons of men is fully set on them to do evil.”

But what can be done with him? As surely as alcohol has circulated through every pore of his system for twenty or thirty years, just so surely has he been poisoned, as I said before, at every pore. The mucous membranes, in particular, are poisoned. For proof of this you have but to lay open his alimentary canal, or his bronchial tubes, and what do you see but hollow passages as red as fire—indeed, *on fire*—that is, in a state of sub-inflammation? Now in these circumstances what can medicine do? or if *anything* in *any shape*, what shall it be, and in what *shape*? No living medical man

be he wise as the wisest of the present or past, can tell. He can guess, and perhaps a little better than those who have neither studied the human constitution nor the nature or power of medicine. But he must guess, still; it is only guessing in such circumstances. Is there no difficulty in the practice of medicine?

Here is a female patient. She has lived twenty years, it may be more, for I have seen women—married women, at least—who were over twenty. But young as she is, she is full of disease, and would gladly be freed from at least a part of it. What is to be done? We must look well to the causes of her suffering. She has neither drunk spirits or used tobacco. I recall; she has done both. She has drunk spirits, alcohol, whenever she has drunk cider, beer, ale or wine. All *fermented* drinks contain more or less of alcohol; and though she would not for the world have drank *distilled* spirits, she has not hesitated, occasionally, to drink *fermented* drinks—*wine* with considerable freedom. I have even heard her speak, with much emphasis, of the future triumphs of temperance, from the increased and very general cultivation of the grape and the consequent manufacture of large quantities of wine in this country as in France. But she has also drank tea and coffee *ad libitum*; and her nervous system is in a most terrible condition. How, in such circumstances, is her family physician to apportion her dose, whether allopathic or homœopathic, whether botanic or mineral, to her case? Is he not quite as likely to madden still more, her already half frenzied brain as to allay irritation by his medicine?

Or, finally, what is still more frequent among us, here is a child, “dreadfully sick” with bowel complaint. As yet he has never drunk alcohol, whether in one form or another, or smoked or chewed tobacco. Nor has he become, at such a tender age, an inveterate tea or coffee drinker. It is true he has been fed a year or two of the most important, because most formative stage of his existence, on the poisoned streams of the body of another individual; and it is equally true that he has been compelled to breathe, for many a juvenile hour, an atmosphere poisoned with the smoke of another’s pipe or cigar. But this, though bad enough for incipient human life, is not quite so bad for him as another, and in its results, more deadly form of treatment still, at the hands of

those who should have been his preservers and benefactors. Lay open his intestinal canal and you will find it, from beginning to end, having, as the vulgar phrase it, an angry appearance, and, perhaps, in some places, thickly studded with ulcers. Is this diseased membrane a suitable place for the exhibition of active medicine? Will any scientific medical man be so daring and reckless, in view of such considerations as are likely to present themselves to his mind, in these days, when called to a sick child, as to venture on what is usually called an active or bold treatment? Yet he is expected to do something—something, too, which will inspire confidence. The parents who have given their dearest child saleratus, pepper, salt, lard, butter, and all sorts of concentrations, and the grandparents who have, either by stealth or otherwise, given him extra rations, at all hours, especially those which were unreasonable, of pie, cake, sweetmeats and confectionery, will be the last to be satisfied with an expectant treatment. The physician knows all this; yet he knows that the more imminent the danger the greater the necessity of leaving Nature so undisturbed and unembarrassed, that she may exert the full force of her recuperative power, without which recovery will be impossible. So great will be his difficulty that it should excite no surprise to hear him say, in the deep anguish of his soul, that it must be so, if people will live in this intemperate way, and thus irritate and poison their solids and fluids, it were far better to trust the issue of Nature and good nursing than to attempt anything by means of medicine. Indeed, it may be laid down as an incontrovertible axiom, that all forms of medicine, in such cases, are much worse than nothing; and were society but aware of the facts in the case, they would either abandon their habits or abandon physicians and medicine. Both cannot, with safety, be retained.—*Medical World.*

LIVING DEATH-GERMS.

So far as the researches of Pasteur on pebrine are concerned, we have not yet seen the way to any means of safety from the contagious diseases which affect human beings. We cannot kill all diseased persons in order that we may get rid of the disease-germs within them.

Even more remarkable than his investigation of the silkworm disease was Pasteur's investigation of the disease known as splenic fever, which affects horses, cattle, and sheep on the Continent. In the rapidity of its action this disease (known also as "anthrax," and "charbon") resembles the black plague. In bad cases death ensues in the course of twenty-four hours. In less severe cases the creature attacked suffers greatly, and retains the traces of the attack during the rest of its life. It is stated that between the years 1867 and 1870 no less than 56,000 deaths occurred among horses, cattle, and sheep in the district of Novogorod, in Russia, while 568 human beings perished, to whom the disease had been somehow communicated. In France the disease is very prevalent, and many proprietors have been ruined by the entire destruction of their flocks and herds. It is said that a malady which occurs among the woolsorters at Bradford (often proving fatal) is a modification of anthrax communicated by the wool of sheep which have suffered from splenic fever.

In 1850 MM. Rayer and Devaine discovered minute transparent rodlike bodies in the blood of animals which had suffered from this disease. Koch, a German physician, then scarcely known, showed that these objects are of a fungoid nature, and traced the various stages of their existence. Cohn obtained similar results, as did Ewart in England. The growth of the disease-producing rods, as studied under microscopic examination, is as follows: First, germs of extreme minuteness are seen in the form of simple tubes with transverse divisions; next, minute dots appear, which enlarge into egg-shaped bodies lying in rows within the tubes; lastly, the rods break up, freeing the ovoid germs. It has been shown

that "the minutest drop of the fluid containing these germs if conveyed into another portion of cultivated fluid, initiates the same process of growth and reproduction; and this may be repeated many times without any impairment of the potency of the germs, which, when introduced by inoculation into the bodies of rabbits, guinea-pigs and mice, develop in them all the characteristic phenomena of splenic fever. "Koch further ascertained," continues Dr. Carpenter, from whom the above passage is quoted, "that the blood of animals that succumbed to this disease might be dried and kept for four years, and might even be pulverized into dust, without losing its power of infection"

Pasteur's first steps in inquiring into this disease were characterized by the same keenness of judgment which he displayed in investigating *pebrine*. He ascertained that "charbon" would often appear in its most malignant form among sheep feeding in seemingly healthy pastures, where there were no known causes of infection. He found on inquiry that animals which years before had died in those regions had been buried ten or twelve feet below the surface, so that it seemed obvious they could have had nothing to do with the reappearance of the malady. But in inquiries in such cases as these, Pasteur had taught us that what obviously cannot be has an unfortunately perplexing fashion of turning out to be precisely what is. He quickly became persuaded that in some way the germs of the disease supposed to be buried out of the way three or four yards beneath the soil, reached the surface and originated fresh attacks of the "charbon" pestilence. He found in earth-worms—those creatures which Darwin has recently shown to be such important workers in the earth's crust—the cause of the trouble. He was ridiculed, of course. But he has a troublesome way of turning ridicule upon those who laugh at him. Collecting worms from pastures where the disease had reappeared, "he made an extract of the contents of their alimentary canals, and found that the inoculation of rabbits and guinea-pigs with this extract gave them the severest form of 'charbon,' due to the multiplication in their circulating current of the deadly anthrax-bacillus" (this is the pleasing way science has of describing the disease-germs), "with which their blood was found after death to be loaded."

Professor B. Sanderson, discovered another way in which "anthrax" has been communicated. He found that herds affected with it had been fed with brewers' grains supplied from a common source, "and on examining microscopically a sample of these grains, they were seen to be swarming with the deadly bacillus, which, when once it has found its way among them, grows and multiplies with extraordinary rapidity."

But now comes the point which renders this inquiry important to ourselves. The poison germs are small, visible only in the microscope, but they are fungoid, and the laws of their growth and development are as determinable (with suitable care) as the laws of the growth and development of the monarchs of a forest. Now, whatever lives and grows and produces creatures after its own kind, whether animal or vegetable, can be cultivated. With due care and watchfulness it may be altered in type and character, just as the wild plants of the hedgerow may be altered into plants producing the flowers and fruits of our gardens and hothouses.

It has been said by Pasteur that the conditions of the mitigation of the poison by culture have been most completely determined; so that the disease produced by the inoculation of his "cultivated" virus may be rendered so trivial as to be scarcely worth notice. His method consists in cultivating the bacillus in meat-juice or chicken-broth, to which access of air is permitted while dust is excluded; and then allowing a certain time to elapse before it is made use of in inoculation experiments. If the period does not exceed two months the potency of the bacillus is little diminished; but if the interval be extended to three or four months, it is found that though animals inoculated with the organism take the disease, they have it in a milder form, and a considerable proportion recover; whilst if the time be still further prolonged, say to eight months, the disease produced by it is so mild as not to be at all serious, the inoculated animals speedily regaining perfect health and vigor."

Now, if we consider what has been done in this case we shall recognize the probability, if not the absolute promise, of protection being obtained against some of the most terrible of the diseases which affect the human race.—*Medical Gazette.*

ARTIFICIAL RESPIRATION IN STILL-BORN CHILDREN. MEDIASTINAL EMPHYSEMA AND PNEUMOTHORAX IN CONNECTION WITH TRACHEOTOMY: AN EXPERIMENTAL INQUIRY.

READ BEFORE THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

By Francis Henry Champneys, M. A., M. B.

The observations were made on twenty-six still-born children who had never breathed, the subjects of experiments with regard to artificial respiration (*Med. Chir. Trans.*, vol. lxiv, 1881). The method of experiment consisted in connecting a tube filled with water, by means of a flexible tube, to a cannula tied into the trachea, and using the various manipulative methods of artificial respiration. In one case, the tube was filled with mercury. A table was given showing the methods employed, the maximum inspiratory effect produced (in inches of water measured in the V-tube), and the necropsy. The subjects available for the inquiry were twenty-one in number. Mediastinal emphysema occurred in seven, or one-third of the whole number. Pneumothorax occurred in five out of these seven cases, but in no other. In three cases, it was found in the right pleural sac, in one in the left, in one in both. In no case did the rupture occur into the better expanded side of the chest. Colored injection was found to be drawn from the region of the wound down to the trachea (left unopened) into the anterior mediastinum. The explanation offered was that, in case of obstruction of the air-passages (as by the weight of a column of fluid), the air followed the route of least resistance. If rupture occurred from the mediastinum into the pleural sac, the less expanded

side was the side usually chosen. It was, however, pointed out that a thickened pleura overlying a less expanded lung might determine rupture into the other or better expanded pleura. Mediastinal emphysema was shown to have specifically followed Schultze's method of artificial respiration, which was sudden in its action. Reference was made to necropsies after tracheotomy at St. Bartholomew's and the Children's Hospitals. Pneumothorax was shown to be a secondary consequence of mediastinal emphysema. Emphysema of the neck was shown to be due to opposite conditions, but these observations probably explained its occurrence during labor. The following practical conclusions were drawn: 1. Emphysema of the anterior mediastinum occurs in a certain number of tracheotomies. 2. It is often associated with pneumothorax, to which it stands in a causal relation, and pneumothorax may be the cause of death after tracheotomy. 3. The air is most likely to burst into that pleura of which the lung is the less expanded. On the other hand, pneumothorax of course helps to collapse the lung. 4. The route selected by the air is the space beneath the deep cervical fascia. 5. Emphysema of the anterior mediastinum may or may not be associated with emphysema of the neck; but their causes are different, and the conditions of their production are opposite. 6. The conditions favoring the production of mediastinal emphysema are, division of the deep cervical fascia, obstruction to the air passages, and inspiratory efforts. 7. The dangerous period during tracheotomy is the interval between the division of the deep cervical fascia and the efficient introduction of the tube. 8. The deep cervical fascia should on no account be raised from the trachea; the incision in it should not be longer than necessary in the direction of the sternum, and this should be particularly remembered during inspiratory efforts. 9. It will probably be found that the frequency of occurrence of emphysema of the anterior mediastinum depends much on the skill of the operator, especially in inserting the tube. 10. If artificial respiration should prove necessary, the tissues should be kept in apposition with the trachea, and any manipulation performed steadily and without jerks. 11. Schultze's method (which is otherwise unsuitable for the above purpose) is especially prone to produce emphysema of the anterior mediastinum. 12. These

observations illustrate the fact that apart from the question of tracheotomy, the inspiratory force of the thorax should be remembered in all operations near the root of the neck, and in the case of all collections of pus beneath the deep cervical fascia. In these cases, quiet respiration is essential for the safety of the patient; and vomiting, which begins with a sudden inspiration, is dangerous. 13. These observations may serve to illustrate the production of emphysema of the neck, etc., during labor.—*British Medical Journal*.

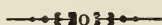


AN AMBIDEXTEROUS SURGEON.

In an interesting obituary notice of Dr. Pancoast, the celebrated surgeon of Philadelphia, the *Times* of that city says:

The great point in his career was his skill as an operator. He was ambidexter, and could perform operations of the most delicate intricacy with his left hand which were beyond the skill of others, using the right hand only. It was, in part, the extraordinary facility with which he could employ both hands at one time which made him so successful in plastic surgery. By the removal of strips of flesh from the forehead and elsewhere, he has formed no less than a dozen noses for persons who, either through accident or disease, were without them. There is a woman standing in the Callowhill Street Market for whom he made a nose twenty-two years ago, and no one can detect it now from nature's own best handiwork. He was the first to show that after the eyebrow has been destroyed a good looking substitute can be made by raising a flap of the scalp with the soft, drooping hairs of the temple, and giving it what is termed a "long pedicle" to run into a bed cut for it in the brow. He also furnished maimed humanity with eyelids and ears. So far did his fame as an operator extend, that one of the things which visiting foreigners marked down as of the greatest interest in Philadelphia, was "to see Dr. Pancoast operate." His hands looked clumsy, but he could take up a large knife, as on the occasion of the visit of the Japanese party some years ago to see him perform amputation at the hip-joint,

and the next moment he could take the finest needle and operate upon an eye. He was among the first to resort to the section of the facial nerve for the relief of neuralgia. He was remarkably successful in operations for cataract, and early improved upon the operation of "couching" by complete extraction. In the treatment of strabismus, or squint, he was in his day unrivalled. At the same time, the record of his larger operations, from lithomy to amputation at the hip-joint, is one of extraordinary brilliancy. He was never systematic, and was not at all particular about his selection of instruments. On several occasions he performed delicate operations with an ordinary penknife because other instruments were not at hand.



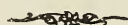
BRONCHIAL AFFECTIONS OF PULMONARY PHTHISIS.

M. Melsens highly recommends (*Bull. de l' Academie Belge. et Paris Med.*) the therapeutic employment of ammonia by inhalation in phthisis. Knowing that ammoniacal inhalations may be respired without danger, of which the proof is the perfect health of the workmen who dig guano, and also knowing the good effects of the air of cow-houses in pulmonary phthisis, effects which are generally with justice attributed to the emanations of carbonate of ammonia generated in these stables, M. Melsens conceived the idea that continuous but moderate respiration of this salt might be useful in other affections of the respiratory organs. He decided, after an attack of acute bronchitis, to make the experiment on himself. For that purpose he wore outside his shirt a bag containing some pieces of carbonate of ammonia; after some time he was absolutely relieved from the affection; improvement set in from the first day. Several invalids who employed the same means obtained great benefit from it, even in cases of long-continued chronic bronchitis. Amongst others, a physician at Brussels, who had suffered for a long time from an obstinate cough, due to chronic bronchitis, with dilatation of the bronchi, complicated with emphysema, asthma, and sometimes with acute laryngitis. He used the bag of carbonate of ammonia, and found himself perfectly cured.—*London Medical Record.*

THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF ERGOT.

In the March number of the *New York Medical Journal*, Etienne Evetzky, of New York, concludes the publication of his Joseph Mather Smith prize essay on ergot. Although dealing mainly with the physiological and therapeutical actions of the drug, the author gives a comprehensive account of the history of the different varieties of ergot, their botanical relations, their microscopical structure, and their chemical composition; the methods of their production, collection, preservation, and preparation for medicinal use; the relations of ergot to other remedies, etc. In comparing the action of ergot with that of a number of other excito-motors of the organic muscular tissue, an arbitrary group of which, the author thinks, ergot may be taken as the typical representative, he remarks that strychnia is most closely allied to ergot in its effects, the main difference being that strychnia acts with far greater energy on the spinal motor centres of the voluntary muscular tissue. Digitalis is distinguished by its predominant stimulating action of the heart. The chief difference between the action of ergot and that of Calabar bean lies in the early occurrence of a paretic state of the voluntary motor apparatus after doses of the latter drug that are not quite toxic. Atropia and nitrite of amyl are mentioned as antagonists to ergot. For hypodermic administration we may use the extract, the fluid extract, or sclerotic acid, diluted in water, with or without the addition of glycerine or alcohol, which latter substances, the author thinks, do not improve the solution in the least. The solution should always be clear and not too old, and should be made somewhat alkaline if the injections are particularly painful. The injection should invariably be injected into the muscular tissue, and it is well to begin with small doses. The therapeutical applications of ergot are considered under five heads: 1. Disorders of the

circulation and diseases of the organs of circulation. 2. Par-
etic conditions of the organs composed of organic muscular
tissue, the circulatory system excepted. 3. Inflammatory
and other morbid enlargements and growths. 4. Abnormal
secretions. 5. Symptoms referable to the nervous system,
and depending chiefly upon circulatory disorders within it.
In regard to contraindications to the use of ergot, it should
be used with extreme caution in patients with an enfeebled
heart. Pregnancy is not an absolute contraindication. The
use of the drug should be suspended during menstruation,
unless it is given for some special condition of that function.
To avoid disturbing the digestion it is best to give the drug
by the rectum or hypodermically. The remainder of the
article deals with the special diseases in which ergot seems
capable of effecting good results.—*Medical Gazette*.



WHAT IS ACONITIA?

The conviction of Dr. Lamson, in London, on the charge
of murder by means of aconitia administered ostensibly as a
medicine, has led to no little discussion of the nature of this
violent but little understood poison.

A continental physician called attention to the fact that
the drug sold under that name in France and Germany was
different from and much less powerfully poisonous than the
English drug. The *Lancet* says that it is true; that they
differ markedly in general character and chemical composi-
tion, and also in their effects on the human system. In fact
nearly a dozen kinds of aconitia are recognized, varying so
much in their properties that observations made with any one
of them would be applicable only to that particular specimen,
and not to the others. It is generally admitted that English
aconitia is seventeen times as strong as the German, but it is
not uncommon to find one specimen seventy times as strong
as another. This discrepancy arises not only from differences
in the mode of extracting the alkaloid, but also from want
of care in selecting the plants. In the British Pharmacopœia

it is directed that the *Aconitum napellus* should be used, but there is only too much reason to fear that other species are not unfrequently substituted. Some manufacturers use *Aconitum paniculatum*, which is almost inert; while others, for the sake of obtaining a more active product, employ the *Aconitum ferox*, the deadly Bish poison of India. Much of the aconite root now in the market is not the root of common monkshood, but is obtained from Japanese plants of undetermined species. Some specimens of aconitia are white, some are yellow, some are crystalline, and others are amorphous. It is stated on good authority that the commercial aconita is not an alkaloid at all, but a mixture of several different alkaloids or active principles. The whole question is still *sub judice*, and all statements respecting the properties, chemical or physiological, of aconitia, must be accepted with a certain amount of reservation.



HOUR-GLASS CONTRACTION OF THE UTERUS TREATED WITH NITRITE OF AMYL.

By Fancourt Barnes, M.D., M.R.C.P.

I was called, at ten o'clock in the morning on February 28th last, by one of the midwives of the Royal Maternity Charity, to a patient with retained placenta. On my arrival I found that the patient, a secundipara, aged 22, had been delivered naturally at three o'clock in the morning of a living female child. The midwife stated that she sent for me because she had been unable to deliver the placenta. The external os uteri was quite dilated, as was the cervical cavity; but the os internum and the circle of muscular fibres above it, called Bandl's ring, the chief seat of hour-glass contraction, were firmly contracted, and only admitted a finger, by which the placenta could be felt in the uterus. I now learned that the midwife, hoping to accelerate the third stage of labor, had given the patient a dose of ergot as soon as the child was born. I found it impossible to get my hand into the uterus to deliver the placenta. Bearing in mind the remark-

able power which nitrite of amyl possesses in relaxing tension in the blood-vessels, I determined to test its action on the uterine spasm. The patient had three drops of the nitrite of amyl given her on a handkerchief to inhale, by Mr. Lingard. During the inhalation, the ring of muscular fibres round the os internum, which had been so rigid as to be absolutely undilatable, steadily yielded, until I could pass the whole hand into the uterus and detach the placenta, which was universally adherent. There was no hemorrhage whatever, and the placenta itself presented a remarkably exsanguine appearance. On referring to the third edition of my father's work on *Obstetric Operations*, I found the following: "We possess in ergot a great, a dangerous power of augmenting the force of the uterine action. We want an agent endowed with the opposite effect, that will control and suppress uterine action. I consulted Dr. Richardson on this point. He tells me the desired effect exists in the nitrite of amyl. Three minims of this added to one drachm of ether taken by inhalation is the form he recommends. It does not produce unconsciousness; but it is an anæsthetic as well as a sedative of muscular action. It is the antidote or opposite force to ergot. In it we have the desiderated "epechontocic agent." In the case in question, the drug certainly acted admirably. It relaxed the irregular contraction of the uterus, and acted as a sedative and anæsthetic without producing unconsciousness. The case is also instructive as an example of the dangers which may result from the administration of ergot before the expulsion of the placenta. The tetanic action was no doubt increased by the friction which had been made on the cord. It is well-known that ergot, when given before the birth of the child, may cause its death. I believe this results from the blood being squeezed out of the placenta by the uterus. Although in cases of irregular contraction of the uterus that organ is firmly contracted, the contraction does not separate the placenta. On the contrary, in the cases I have seen, the placenta has been firmly adherent, as it was in this case. I am not aware that nitrite of amyl has been used to relax uterine spasm before. In it we possess, I think, a new and trustworthy addition to the resources at command for overcoming spasmodic or trismic contractions, which will not always yield to other remedies.—*British Medical Journal*.

BULL ON THE OPERATIVE TREATMENT OF DISEASES OF THE LUNGS.

Dr. Edward Bull of Christiania has published in the *Nordiskt Medicin. Arkiv*, Band xiii, Haft 3, an interesting contribution to the literature of surgical interference in certain diseases of the lung. He is convinced that in this matter medicine will gain much from surgery, when sufficient material has been collected to allow rules to be laid down as to the conditions in which the operations should be performed. He relates two cases which came under his care in the hospital at Christiania.

The first case was one of gangrene of the lung in a female servant aged 23. In November, 1880, she had putrid bronchitis; and, in the middle of December, infiltration limited to the anterior part of the upper lobe of the left lung. She was admitted on December 30th. On January 2, 1881, there was tenderness without redness or swelling, limited to a circumscribed spot in the fourth intercostal space, outside the nipple. On the 4th, effusion in the lower and posterior part of the left pleura commenced, and steadily increased. An exploratory puncture made on the 8th in the fifth intercostal space yielded serum, containing a considerable quantity of blood and numerous round cells. On January 19th, the pleural effusion had greatly diminished. Anteriorly, the percussion-sound was dull from the lower edge of the second left rib to the fifth, between the sternum and the axilla. Strong percussion over the tender spot yielded a cracked-pot sound, accompanied by gurgling. The sputa were gangrenous. An exploratory puncture over the tender spot gave exit to a sanguineo-purulent offensive fluid; while a puncture below the left angle of the scapula yielded clear yellow serum—the product of the pleural effusion.

The case was thus one of circumscribed gangrene of the upper lobe of the left lung, lying very near the thoracic wall,

with coincident pleuritic effusion; the two being completely separated by pleural adhesions. On January 20th, there was infiltration around the point in front where the puncture had been made; the skin of the left side of the chest as far as the neck was oedematous. On the 24th, an incision 3 centimetres (1.2 inches) long was made, and behind the nipple was found a cavity containing two or three tablespoonfuls of foetid pus. The base of this cavity was formed by the fourth and in part by the third fifth intercostal spaces; and at the bottom of the cavity, the beat of the heart could be observed. An incision 1 centimetre long was made with the blunt forceps in the fourth intercostal space, just outside the apex of the heart; and through this opening broken up spongy tissue could be felt with the finger. The part was carefully washed out with carbolized water, and a drainage-tube was inserted. In the evening, there was some hæmoptysis. After this, the patient's condition improved rapidly for some days; the sputa were diminished in quantity, and inodorous; the discharge from the wound was slight. Then followed again some hæmoptysis, with considerable pyrexia, and infiltration in the posterior part of the left lung, and the sputa again became foetid. In the middle of February, she was convalescent; and after remaining at rest in the country through the summer, returned to her duty in good health in the autumn.

In contrast to this case, Dr. Bull relates the following: A woman, aged 54, of feeble constitution, had, on April 2nd, 1881, pleuro-pneumonia of the lower lobe of the right lung; and on the 6th, there was infiltration of the upper lobe of the left lung. On the 13th, the sputa began to be foetid. Doubtful physical signs of a cavity in the anterior part of the left lung were developed. In the night of May 10th, the patient awoke suddenly with a feeling of suffocation, and after expectorating a large quantity of foetid pus, rapidly died. At the necropsy, the left lung was found to be adherent to the pleura through its whole extent. Immediately beneath the pleura, separated from it only by a thin layer of lung-tissue, was found a cavity between the first and third intercostal spaces, containing foetid sanguinolent pus. An abundant quantity of the same substance was also found in the pharynx, larynx, trachea, and large bronchi. Dr. Bull remarks that an

operation could have been easily performed in this case, and would at least have prolonged life for some time. The layers of the pleura were adherent, and the abscess was comparatively superficial. The question of operating was discussed; but there appeared to be no immediate danger, and the diagnosis was somewhat obscure; the abscess-cavity, which was nearly full, giving no distinct signs. An exploratory puncture would have aided the diagnosis, and would have been made if the patient had not unexpectedly died.

The literature of the subject, Dr. Bull remarks, is as yet very scanty. Even in such recent works as Ziemssen's *Handbuch der Speciellen Pathol. und Ther.*, Gerhardt's *Handbuch der Kinderkrankheiten*, and Leyden on Pulmonary Gangrene and Pulmonary Abscess in Volkmann's *Sammlung Klinischer Vorträge*, there is no mention of the possibility of operative treatment of diseases of the lung. A Polish author, L. Radek, has described the case of a man, aged 44, who was brought into hospital suffering severely from dyspnoea. Two large communicating abscesses were found in the neighborhood of the right nipple. When pressure was made on them, the dyspnoea was increased and pus was expectorated. The case was, however, believed to be one of empyema communicating with a bronchus. An incision was made, and a large quantity of pus escaped; the cavity was washed out with carbolic acid. Relief followed for twelve hours; but, after this, acute pleuritis of the left side set in, and the patient soon died. The necropsy showed that there was no empyema, but a large abscess of the lung.

Dr. Bull refers also to the papers on operative treatment of diseases of the lung published in English medical journals by Dr. Theodore Williams, Dr. Cayley, M. Johnson C. Smith, Dr. Douglas Powell, and M. Lyell. [Connected with these is also the case of Dr. Fenger. See *London Medical Record*, August 15, 1881.]

The author makes the following comments on the artificial puncture of a pulmonary fistula. The pathological changes in the lung which may indicate such an operation, are cavities of all kinds; such as limited gangrenous foci, pulmonary abscesses, phthisical and bronchiectatic caverns. The first two may be completely healed if the loss of substance be not too great, and if the remaining parts of the

lung be sound or capable of healing; with large cavities a permanent fistula perhaps cannot always be avoided. Life may be preserved for a long time in cases of considerable gangrene and of large pulmonary abscesses in many cases, where a pus-secreting permanent cavity is periodically emptied by coughing. It must, however, be distinctly better for these patients that the cavity should have an opening of discharge through the chest-wall, and that the air-passage should remain free; the constantly threatening decomposition of the contents of the cavity can thus be obviated. Both gangrene and abscess of the lung may indeed heal without operation; but Dr. Bull is of opinion that an operation should be performed whenever possible. Delay only reduces the patient's strength, and favors the extension of the local disease. Even if death should at last follow the operation, it would still be a palliative measure.

Phthisical and bronchiectatic cavities are probably less often amenable to surgical treatment, and the indications for operation are much more difficult. As in such cases there are usually several cavities, and, in addition, a progressive constitutional disturbance, one or two openings in the chest-wall can scarcely be of much advantage; it is only in single large cavities with stagnating contents, the evacuation of which by coughing distresses the patient, that an operation can be of use. In cases of phthisical cavity, a permanent fistulous opening must be expected; in bronchiectasis, the operation may be followed by obliteration of the cavity and radical cure.

In order that pulmonary cavities may be capable of being operated on, they must, Dr. Bull, says, be superficial; the situation of deeply seated cavities cannot be determined with sufficient accuracy, and they cannot be reached without danger. Adhesion of the pleura over the cavity is evidently of the greatest importance; but it may be difficult to ascertain whether such adhesion exists. [Fenger and Hollister recommend the introduction of a needle as a means of diagnosis; if there be adhesions, it is unaffected by respiration; if no adhesion exist, it is moved synchronously with the breathing.] If the disease be not running a very rapid course, adhesion may be waited for. When the course of the disease is rapid, especially in gangrene, the surgeon must

expect to find the pleural cavity open. Dr. Bull does not find in this an absolute contra-indication to operation when danger to life is imminent. He advises that in such cases an opening be made in the chest-wall over the cavity; if adhesions be altogether wanting, pneumothorax follows; and if then the gangrenous cavity burst into the pleural sac, a counter-opening must be made, and the case treated as one of empyema. If there be pleural adhesions, but not over the cavity, a canula may perhaps be introduced into the the diseased portion of lung and allowed to remain there; if this fail, the case must be managed on the principles of operation for empyema.

When the pleura is adherent, the operation is simple. An exploratory puncture is usually free from danger; in cases where a cavity is distended with fluid, puncture is absolutely necessary; in empty cavities, the aspiration-syringe will draw off gases, perhaps having a foetid odor. When adhesion is absent, or when its presence is uncertain, and there is no danger in delay, an attempt may be made to produce adhesions by perforating the chest-wall with caustics.

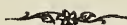
Rigorous antiseptic proceedings during operation appear to Dr. Bull unnecessary, inasmuch as it is not possible to prevent the air of the room from entering through the air-passages. Irrigation of the cavity must be done very carefully, so as not to produce either irritation or hæmorrhage. Caution is also necessary in the use of drainage-tubes, especially in gangrene of the lung, where frequently there is no special cavity, but only a mass of more or less broken up lung-tissue. In chronic phthisical caverns and abscesses, on the other hand, there is generally a cavity, into which the drainage-tube may be inserted. Resection of a rib may be necessary in order to render falling in of the chest-wall possible; just as in empyema.

Dr. Bull believes that the time is not distant, when the formation of an artificial fistulous opening will be regarded as a legitimate, though rarely indicated, operation in diseases of the lungs.—*London Medical Record*.

DIPHTHERIA.

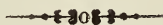
Dr. Weise (*Berlin, Klin. Wochenschrift*,) advocates the adoption of the following measures in the treatment of diphtheria: He prescribes a solution of salicylic acid, consisting of one part of salicylic acid and twenty-five parts each of rectified spirit and glycerine. This, although a strong solution, is quite free from danger. The spirit, he explains, is used because, in former cases, benefit was derived from the local application of brandy to the throat; and the glycerine is added to obtain a less irritating solution. If the patient can gargle, the author employs a 1 in 300 salicylic acid gargle. Should the attack be very severe he employs a solution of benzoate of soda, 1 in 40, or even stronger. Coincidentally with this treatment he gives Hungarian wines. He pays particular attention to maintaining the patient's strength, and orders nourishment to be taken constantly, in the form in which it can be most readily assimilated. He speaks highly of Rosenthal's extract of meat mixed with yolk of egg, but gives solid food if it can be borne. His directions are something as follows: At one o'clock, paint or gargle the throat with the salicylic acid solution; at half past one, give a teaspoonful of Hungarian wine; at two, the benzoate of soda; at half past three, a teaspoonful of Hungarian wine; and, during the next half hour, more gargling with salicylic acid; the treatment being continued night and day without intermission, except that at night the intervals may be an hour instead of half an hour. If possible, he employs a special apparatus of his own—a combination of tongue depressor and spray. This, by reaching the back of the tongue, admits of a thorough examination with the simultaneous application of the antiseptic. In a few seconds the whole throat can be washed out with the salicylic acid solution; and this is very

necessary in preventing the spread of the disease. Moreover by this method, bleeding may be speedily arrested. Sometimes he employs a five per cent. solution of carbolic acid as a spray.—*British Medical Journal*.



REMOVAL OF METALLIC PARTICLES FROM THE CORNEA.

The *Glasgow Medical Journal* (February, p. 150) quotes from the *Revista de Ciencias Medicas* the following hint as to the treatment of foreign metallic bodies in the cornea. A blacksmith, while forging a piece of iron, received in his left eye a splinter of the metal, every effort made according to the ordinary methods for its removal having failed, Dr. Rodriguez employed a wash consisting of rose water, 90 grammes; iodine, 0.05 gramme; potassium iodide, 0.05 gramme. The result was satisfactory, the particle of metal being converted into iodide of iron and dissolving out, and the cornea regaining its normal condition.



HEADACHES IN CHILDREN.

Dr. Day read a paper on this subject before the Harveian Society. He alluded to the two great factors of headache from a pathological point of view, viz.: cerebral anæmia and cerebral hypernæmia. Attention was directed to the fact that the amount of blood in the brain was influenced by the fulness of the ventricles, the subarachnoid spaces, and the lymphatic spaces or sheaths surrounding the cerebral blood-vessels. Dr. Day said that habitual headaches in children indicated an irritable and exhausted brain; and if intellectual exertion were carried too far in such cases, mischief was likely to ensue. It seemed extraordinary that educated men

who had the care of young persons should not see this danger in the anæmia produced by over-study, the irritability and excitability of manner, and the impossibility of concentration necessary to the accomplishment of any undertaking. If intellectual exertion were carried beyond a certain point, the brain became anæmic, fatigued, and the nutrition in the ganglion-cells of the cortex became impaired, diseased, or in some way altered from health. The author referred to neuralgic or one-sided headache, which he said was more common in children than was generally supposed; it was not unfrequent in those of the neurosal temperament, whose nervous system was easily exhausted, and in those reduced by long and exhausting illness, bad food, and other causes. He had known headache in connection with chorea and dental caries. He next spoke of congestive, toxæmic, and organic headaches.—*British Medical Journal*.

THE BORACIC ACID TREATMENT OF DIPHTHERIA.

Dr. T. D. Harries, of Aberystwith, reports in the *Lancet* a very successful treatment of diphtheria by the local application of boracic acid in solution. The solution is prepared and applied as follows:

Boracic acid, two drachms; glycerine, half an ounce; water, half an ounce—to be applied freely to the fauces every hour at first, diminishing in frequency with the disappearance of the deposit and general symptoms. The application should be continued for some days after the throat has become perfectly clean. If discontinued too abruptly, the deposit is almost certain to re-form, with a return of the general symptoms; and with the view of warding off this danger, I make it a rule to continue painting up to the eighth day, after which date the patient may be considered comparatively safe. The solution seems to have no injurious effect when swallowed, as I have frequently applied an ounce during twenty-four hours in the cases of children of from four to five years of age.

MALTINE IN PHTHISIS.

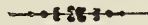
By Wm. Porter, A.M., M.D.

After full trial of the different oils, and extract of malt preparations in both hospital and private practice, I find maltine most applicable to the greatest number of patients, and superior to any of its class. Theoretically we would expect this preparation which has become practically officinal, to be of great value in chronic conditions of waste and malnutrition, especially as exemplified in phthisis. Being rich in *diastase*, *albuminoids*, and *phosphates*, according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve and muscle producer.

In practice, this hypothesis is sustained. A female patient at St. Luke's Hospital, age 35, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite, and night sweats, began taking maltine March 13th, 1880. She now weighs 121 lbs., eats well, no night sweats, and the evidence of local diseases are much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis. rapidly losing health and strength. His was the remarkable gain of ten lbs., *from six weeks use of maltine*.

These instances are sufficient for illustration, and *are duplicated many times in the experience of physicians everywhere.*—*Quarterly Epitome of Practical Medicine and Surgery.*



CHOLERA INFANTUM.

Dr. Boing, of Germany, has treated this disease with the happiest results. His method consists in the use of quinine in fractional doses, in the reduction of milk with half water, a little warm, in large dose of wine and of ether. The number of children treated was fifty, and the ages varying from

two months to four years, the children of a greater age not being of the number. Children under one year of age were confined to the breast milk, the others with artificial food.

In the treatment of the poor, for wine there was substituted the ether, which was acidified. For children of five to ten months, one-half to one grain quinine was given from hour to hour. When the passages and vomitings were acid, phosphate of lime was added, and continued as long as the urine indicated acidity. For a drink, gum arabic water mixed with Manzaretta water.

Wine was given by the spoonful every quarter of an hour to an hour. When milk is not borne, the white of an egg mixed with gum arabic, can be substituted, given warm, and slightly sweetened with sugar. In no place have I employed astringents, opiates, or cold or cutaneous revulsives.

I have abandoned phrenic acid, creosote, and also calomel, which I consider worse than opiates, and cold applications. What decided me to abandon what is called the rational treatment, was the great mortality of 50, 70, or 90 in one hundred cases, which shows that something else ought to be adopted.—*Revista Medico Buenos Ayres*.



GEZOW'S CORN CURE.



The following formula, which produces a clear, light green solution, was recommended by M. Gezow, a Russian apothecary, in the *Zeitschrift fur Russland*:

Rx.	Extract of cannabis indica.....	5 parts.
	Salicylic acid.....	30 “
	Collodion.....	240 “

Mix and dissolve. It is applied with a camel-hair pencil, so as to form a thick coating, for four consecutive nights and mornings. The collodion at once covers and protects the corn from friction. The Indian hemp acts as an anodyne, and the acid disintegrates the corn, so that after a hot bath on the fifth day, it will come out, adhering to the artificial skin of collodion on the toe. This causes no pain, and is said to be very effective.—*Ind. Med. Journal*.

EDITORIAL.

ORGANIZE THE FORCES.

One of the prime factors in the successful movements in all enterprises where numbers of individuals are concerned, is the proper organization of their forces, thereby unifying their purposes and consolidating their efforts in one common direction. By this means there is not alone the gain of aggregate power, but the individual is enlarged and strengthened by his contact with the mass working for the same end as himself.

In proportion as this principle is comprehended and practically observed by us, will the cause of Eclecticism advance in our country, and its members become stronger and more influential in the medical profession and in the communities in which they reside.

The time was when the Eclectic profession was too scattered to hope to accomplish much by organization, or to make organization even practicable; besides, each practitioner in the earlier days of the movement was largely compelled to work out, according to his own notion and plan, what seemed to him to be the true theory and methods of rational medicine.

Then, too, though progressive and vigorous work was done in the right direction, there were but few principles formulated that could be enunciated to the popular mind or taught to the students of eclectic medicine, except in a crude way, however practical they might be.

To-day, compared with three or four decades ago, all is changed. Our numbers are greatly increased; our practitioners are within available distance of each other; our literature has multiplied; the principles on which Eclecticism in medicine is based are well understood and clearly defined; our colleges are more and more becoming recognized as foun-

tains of medical learning throughout the country, and there is an internal sense in the body and in the individual membership that the cause is progressive and cumulative in the land.

Our colleges are now sending forth into society a goodly number of men better trained in literature than in former years, and with medical acquirements that make them the peers of the profession at large, while we are equipped with a materia medica and therapeutics most thoroughly adapted to the practice of rational medicine.

To husband these resources to the best advantage, to make the most of our aggregate strength, and to produce the highest development of every member on the roll of Eclecticism, should be our aim at the present hour. And in no other direction, it seems to us, can this work be better begun and advanced than in rallying our profession through our medical periodicals, and by personal effort, to join hands in forming district and state organizations, based on a high medical standing; and finally in making large and strong the National Eclectic Medical Association of our country.

To accomplish this well, requires work, forethought, wisdom and courage. For in every community are to be found charlatans,—astute, plausible and persistent—who are ready to seize every opportunity to avail themselves of the advantages of associating themselves with the Eclectic profession, and who hope by chicanery, bull-doing, filthy lucre, high claims to marvellous cures, or a fatherhood in the practice of Eclecticism, to come into the fellowship of such organizations.

In its wake Eclecticism has had too many such followers, and too often by specious pleas, or the injudicious policy of soft and very accommodating men, they have gained a foothold within her ranks only to prove a stench to the cause, and are a by-word and hissing, and justly, wherever they are known by intelligent people.

But these things can not longer come to pass where a true Eclecticism exists. Birds there may be, of certain feather, that, vulture-like, shall flock together and devour their spoil, but no longer to disgrace the cause of Eclectic medicine.

Medical organizations, established on a sound basis, not only command the favorable notice of observant and discrim-

inating communities and states, but are of inestimable advantage to its membership individually. The medical practitioner, who by necessity or choice, is shut out from the advantages of the intercourse of medical society, suffers a loss that neither books nor practice can fully compensate. Indeed, it is irreparable. Mind coming in contact with mind is sharpened as it can be in no other way. Readiness of thought, and its cool command, is never better gained than by discussions with one's peers and superiors. A stimulus to close and accurate study and mind training, especially in one's own pursuit, is best obtained by observing the methods and listening to the instructions of one's superiors; the most obscure points are thereby often elucidated, and the highest aspirations awakened under such circumstances.

Too much stress can not be laid by the professors in our colleges, by our preceptors, and by the older members of the profession, on the importance of the younger members associating themselves with medical societies, though it may be at much cost and inconvenience to themselves, and to actively participate in their methods of work.

In view of the approaching meetings of the Societies in the various States of the Union, and particularly of the National Association, it seems timely to call attention to this subject, that a judicious, earnest and persistent movement shall be made to unite, consolidate and harmonize the living and progressive forces of Eclecticisim in all our country; so that its aggressive power, its internal strength and personal standard may be advanced toward its highest possibilities.



SLEEPLESSNESS. A dose of from twenty to thirty grains of bromide of Potass. dissolved in a wineglassful of water, given at bed-time, repeated in the morning, and persistently employed in this way for a time, will often effect what the most powerful narcotics in daily use have failed to accomplish, in the sleeplessness which occurs during convalescence from a fever, and at the terminations of acute diseases. In many such cases opium only produces sickness or headache.—*Ex.*

THE PREVAILING EPIDEMIC.

THE EPIDEMIC prevailing in this vicinity, undoubtedly has its cause chiefly in the variable and sudden atmospheric changes so common this season.

In many instances it is attended by a very high temperature, rapid and full pulse, and severe muscular pains from "head to foot," and great restlessness. Violent pain in the head sometimes is the most noticeable symptom manifested.

These attacks may be as evanescent as they are severe; but more of them continue for several days, while others develop into pharyngitis, tonsillitis, bronchitis and pneumonitis. Indeed, during the early paroxysm, it is not judicious to positively prognose what the outcome may prove to be.

The treatment of these attacks in the beginning, however, generally is not so uncertain. Certain symptoms are present that can be met, greatly to the immediate comfort of the patient, and that may prove abortive of the developing disease.

If there be a rapid, full and bounding pulse, and great pain all over the body, a tub-bath of from six to ten minutes, at a temperature of 103° to 105° Fh., followed by a brisk rubbing with hot towels, will be most agreeable to the patient. Then give Tinct. Verat. Viride, min. 15 or 20, in water, three ounces, for dose; in an hour or two the Veratrum may be continued in doses of min 2 or 3, as seems best, until the pulse falls to 80 per minute. If the pulse is small and quick, and temperature high, with pains pervading the whole body, give dose Tinct. Aconite, min. 5; Tinct. Bryonia, min 2; water, three ounces. M. Continue the Aconite and Bryonia every hour in dose of min. $\frac{1}{4}$ each.

If possible, this treatment should be preceded by the tub-bath, as before mentioned. When the attack seizes the head, and the face is flushed, give the hot bath, and follow with Tinct. Gelsemium, min. 15 or 20, in water, two ounces; keep up the Gelsemium in doses of min. 1 to 3, every hour as long as indicated.

These hints apply to the earlier stages of the attack; but if the case is progressive, it must be met by such remedies as subsequent development indicate.

COLCHICEINE IN SCIATICA.

COLCHICEINE used hypodermically as a remedy for sciatica and inflammation of the joints, while it has proved of very great value in most cases, it sometimes fails to benefit the patient, and occasionally it is annoying, though it may relieve the pain for which it is administered.

In a recent case, where I injected it deeply in the thigh, for sciatica, in 1-6 gr. dose, inflammation supervened, and an abscess formed containing nearly an ounce of pus, in spite of the best efforts to prevent it.

In this case but little relief came to the patient, and other means had to be taken for assuaging the disease.

This fact, however, should not deter its use, so general is there benefit to be derived from it, and so seldom does accident follow its administration. The more deeply it is injected the more certain is it to prove curative, and the less likely is inflammatory action to arise.



ABDOMINAL SUPPORTERS.

Every member of the profession is aware of the aid and good results of abdominal supporters in the treatment of Uterine and Ovarian diseases.

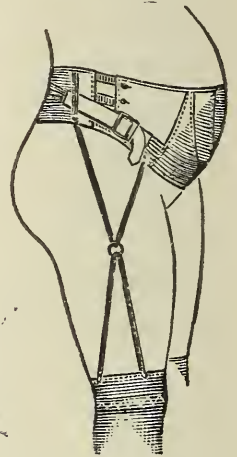
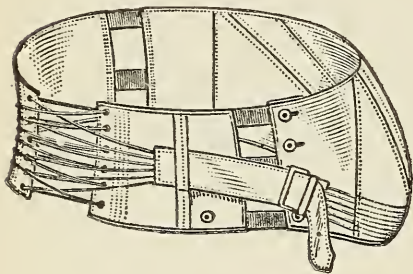
The object of the different external supporters is to sustain the abdominal and pelvic viscera, so as to enable a woman to attend to her household duties, and to be on her feet without injury, or detain the treatment she might be under.

The difficulty we most often meet with in the treatment of displacement, is that the woman must be on her feet; the abdominal and perineal muscles are thereby over-worked and exhausted. No gain can be expected from any treatment when this is the case.

We also find cases, where the uterus is so very sensitive, that no interal supporter or pessary can be worn without the greatest discomfort and pain; and at times a great deal of harm comes from their use.

Heretofore we have been unable to find an abdominal supporter that would serve to support the abdomen in a right manner, and be durable, light, and unexpensive. This difficulty, however, is now overcome by the introduction of the New Swedish Abdominal Supporter, by Dr. M. F. Linquist, of New Haven, Conn.

This supporter has the advantage over all others, that the patient can draw the lacing on the back by a side strap, tight; or loose it at her own pleasure, and with perfect ease; as the accompanying cuts will show.



In six cases where I have applied the supporter, it has given the greatest satisfaction, and I find that in the majority of cases, it is not necessary to use the hose supporter at all.

One case I will refer to here, is that of a lady from Ohio, suffering for a long time from uterine disease, and who had used different external supporters, but without benefit. She was unable to walk any distance without producing great pain in the back and limbs, and with the greatest difficulty could go up stairs.

March 13, I induced her to change the supporter she wore for Dr. Linquist's Swedish Supporter, which she did. One week after, I made inquiry how she liked the supporter; and, using her own words, she exclaimed, "Oh! it is splendid. I can now walk with comfort." After a period of four weeks, her husband told me, that the supporter did all for her that was needed.

This, and other experiences of the same nature, justifies us in endorsing the supporter, and recommending it heartily to the profession.

G. H. M.

DR. HOLMAN'S REMEDIES.

When an article has been before the public for years and is recommended by professional and non-professional people, as beneficial in certain cases, it remains for us to speak well of it for the good it has done and to endeavor to increase its efficacy as far as it will enhance the value of science and assist in the cure of maladies. We have reference to the celebrated Holman Remedies, which have been before the people of this country, for many years past, and judging from the extensive use of the pads, by all classes, the result of this application must be conceded as successful. Dr. Holman is a reliable and well-known professional gentleman, and what might be said by us could not add to the already famous reputation he enjoys in his specialties. James G. Lewis, M.D., thus speaks in high terms of the Holman Remedies:—

“After carefully watching, for a period of four months, the effect of “Holman’s Ague and Liver Pad,” in at least ONE HUNDRED CASES under my immediate observation, I have no hesitancy in recommending it as a sure and speedy cure in all cases of ague, biliousness, and indigestion. In all cases of enlarged and inflamed spleen, it is *par excellence*. For all diseases arising from a disordered condition of the liver, I cheerfully recommend its use.”

SANITARY WATER-CLOSET.

Pure air is a necessity. Modern civilization demands many conveniences in the house which prove to be common nuisances, endangering the health and happiness of the occupants.

Plumbing all over the state and country is most abominably, we might almost say, wickedly done. In many cases money enough has been spent, and still the atmosphere of the house is loaded with vile odor and the most dangerous gases arising from decomposing excrement, in the soil-pipe and water-closet.

Plumbing laws have been enacted in several States, which appear to be the work of some one interested in the sale of special goods, and willing or unwilling dupes are forced to erect numerous pipes, on the principle that foul air has a tendency to rise, and that by extending the soil-pipe through the roof, and supplying it with an inlet at its base, perpetual motion would be at once insured. A current of pure air would be at once established, and decomposition at once arrested. Pipes, thus erected, are as useful as a gun with a muzzle at both ends, shooting both ways. It is equally ridiculous to suppose that it requires a vent-pipe full size, of trap, extended through the roof, to prevent siphonage or back pressure of sewer gas through the water seal of the trap.

To go on the roof of some of our costly and elegant buildings one would almost imagine they were in a village of pipes—useless, expensive, marring pipes.

Next, the trap on the drain outside the house is another miserable, useless obstruction; and we are glad to learn that our best sanitary engineers are beginning to see it; as it hinders the free flow of sewage from the house.

The Moore Health Closet is a great and desirable improvement, as all the conveniences of the best water-closet can be had without the use of any water, and without any of its disadvantages. In this closet the inventor makes use of a separating bowl, dividing the liquid from the solid, the solid being deposited in a receptacle placed conveniently under the house, while the liquid is discharged into the ground, where it is easily disposed of by natural laws.

For the numerous inventions which go to make up the Moore System we have nought but praise. More thought seems to have been bestowed upon the needs and demands of the public than by anything else of the kind it has ever been our good fortune to examine.

MISCELLANY.

OZONING AIR. An easy method of ozoning the air in a sick room, is described in a German periodical, consists in the use of a powder composed of peroxide of manganese, permanganate of potash, and oxalic acid, which has the property of giving out, in contact with water, an abundant quantity of ozone. For a chamber of middling size, it is sufficient to use about two tablespoonfuls of the powder over which are poured from one to one and a half tablespoonfuls of water, every two hours. In this way the quantity of ozone produced is exactly what is wanted; the presence of a larger quantity in the air would produce irritation of the throat and coughing. All metals, except gold and platinum, must be removed, on account of the oxidizing effects of the ozone.

DIPHTHERIA. Dr. L. G. Doane of New York, recommended in the "Journal of Chemistry" the following combination as excellent in diphtheria. *R.* Cincho-quinine and Potass Chlorate, of each two drachms; mix, and divide into twelve powders. One powder to be given every four hours, in a drink of water.

DYSENTERY. A French physician claims to have succeeded in the treatment of epidemic dysentery by the use of ergot. He gave seven or eight grains every four hours, the cure being effected in ordinary cases in two or three days. After a few doses, constipation is produced, which lasts three or four days. Ergotin has the same effect.

THE NETTLE. Dr. Nichols who resided for a long time in Bermuda, says the dried nettle, powdered, is a prevention of yellow fever. Dr. Thornton uses the nettle juice as a styptic in nose-bleeding, and also as a remedy in goitre, for the latter of which he says it is a specific. He grinds fifteen of the seeds and administers once a day.

NASAL POLYPUS. In polypus of the nose, use as a snuff the powder of wild cabbage, or the juice of the root. The polypus will fall off in three or four days; but to effect a radical cure, the remedy should be continued for several days afterwards.—*Medical Mirror*.

CHRONIC ECZEMA. To alleviate the intense itching and irritation which accompanies chronic eczema and other forms of skin disease, apply an ointment containing half a drachm of Sub-nitrate of Bismuth, and an ounce of simple ointment rubbed up with a little spirits of wine.

SCARLET FEVER. The "Cincinnati Lancet and Clinic" says, there are physicians in this town who claim that they never have a second case of scarlet fever in the same family. The well members are all fed on sulphur, and they all escape. Isolation of the sick is also practised.

ENURESIS. A recent British writer states that after numerous trials with all orthodox modes of treatment, it was found that in the cases of children, the cutting off the use of meat in their diet, was sufficient, in many cases, to effect a rapid and permanent cure.—*Medical and Surgical Reporter*.

ARSENIOUS ACID. It is asserted that arsenious acid when properly administered, has a marked effect upon cases of mental derangement, and one author even estimates that about sixty per cent. of all cases may be cured by it.—*Ex*.

PITTING OF SMALL POX. Dr. Ward has found that the application of honey, painted on with a camel's hair brush twice or thrice a day, prevents pitting in small pox. He also recommends it for cracks in the skin from frost.

EPITHELIOMA. The dried extract of wood-sorrel has been used as a dressing in epithelioma, and found to be more serviceable than any thing else in relieving the pain.

TO PURIFY AIR. A tablespoonful of chloride of lime, in a wineglassful of water, purifies infected air and prevents contagion.

AN ESTIMATE OF CONTENTS OF SKULLS, in cubic inches gives 79 to the Australian, 85 to Africans, and 91 to Europeans.

MASSACHUSETTS

Eclectic Medical Journal.

VOL. II.

BOSTON, JUNE, 1882.

No. 6.

ORIGINAL COMMUNICATIONS.

CARCINOMA.

By G. H. Merkel, M. D.

With the subject, that I have the honor of presenting at this time, I also present some microscopical plates, for the purpose of illustrating and showing its structure. There is no organ in the human system, so often the seat of ‘carcinoma,’ as the stomach.

If we take the collection of 9,118 cases, by Tanchow, which died of cancerous tumors, we shall find, it is true, that the prevalence of carcinoma of the uterus exceeds that of the stomach by 7 per cent.; but on the other hand, according to the exact statistics of Marc de Espine, and Virchow, in the larger number of cases the stomach is the seat of disease, as will be noticed by the collection of 889 cases, where the stomach was affected in 399, and the uterus in but 139.

Virchow found that the proportion of cases seated in the stomach was 34.9 per cent., while that of the uterus was only 18.5 per cent.

According to Brinton's account of 600 cases, he concludes that the usual age of persons dying with cancer of the stomach is fifty years; that three-fourths of the cases occur between the ages of forty and seventy; and that two-sevenths of them are found between the ages of fifty and sixty. If we compare the number of persons affected with carcinomatous disease of the stomach, with the number of persons living in different decades of life, we come to the conclusion that the highest relative disposition to the disease exists between the ages of sixty and seventy. Persons under thirty years of age are very seldom affected by this malady, and, so far as I have investigated the current literature, we find but few cases at this time of life, which are said to have been inherited. (The case of Wilkinson.)

Sex has, as it seems, no particular influence in regard to this malady; on this point different authors agree, who have had large numbers under their care. Out of 1,303 cases collected, 680 were males, and 623 were females, not far from an equal division of the sexes.

Ætiologically we are obliged to examine for a moment the advanced age, and the function of the stomach, through which the development of cancer, especially of that organ, is favored. Of what nature they are is at present a question of hypothesis. It is well known that the presence of an ulcer in the stomach is frequently a true indication of the formation of cancer; the same is also true of inflammation of the stomach, which Breerhave has observed, passes, according to circumstances, into scirrhus. It is probable that every one of us, in the course of practice, has observed this to be the case. At least, it has been my experience; and I have observed numerous cases of chronic inflammation of the stomach gradually transformed into scirrhus, and becoming fatal.

We learn from the observations of Waldyer, that in the earliest period of development of cancer, an extensive vascularization of tissue, with an accumulation of white blood corpuscles exist, pretty much the same as is the case in inflammation of the tissue; so that we can easily believe it possible, that, in the well nourished tissues the epithelial cells are easily able to granulate.

This is perhaps all that can be said at present, upon the dark chapter of the ætiology of cancer of the stomach. It

is, however, insufficient to give a correct idea of its development; but we can take this to be a fact,—that owing to the great irritation on the mucous membrane of the stomach, particularly on the narrow “ostium,” and also in the rich protoplasm, the epithelium is going through a granulating process, and will finally pass over into carcinoma. It is also believed by different authors, that the abuse of diet is a frequent cause of cancer of the stomach; as, for instance, excessive use of alcoholic liquors, rich or poor living, the large consumption of water, and especially ice water, as shown by the writings of Heinemann of Vera Cruz, some years ago, in Virchow’s Archives. Excessive mental emotions, as sorrow, grief, &c., likewise contribute to the same result.

Hereditary influence is among the surest causes of cancer, which finds an ample illustration in the Napoleon family. It is well known that Napoleon I, as well as his father and sister, and also Napoleon III, all died of that dread disease. We may find the reason for this in an incomplete structure of the mucous membranes of the stomach, by which the progress of life, and the different processes which pertain to it, add to the styptic granulation of the gland ducts.

In examining the pathological anatomy of carcinoma, we observe, that the late researches of Waldyer, and his able writings, have greatly increased our knowledge of the subject, and wrought a considerable change in opinion. This author demonstrates that carcinoma is an “alyptic” epithelial granulation. That “neoplasma” in the stomach is always formed from the cylinder epithelium of the glands in the gastric mucous membrane. (Cernil.) The same granulate toward the lower part, and the epithelial granulations undergo the greatest diminution after they have broken through the “muscularis mucosæ,” and reach the light “sub-mucosæ.” It is here where the development of cancer nodes commences, the accumulated short cylinder epithelial cells, lying in a stroma, that forms the connective tissue elements of the mucous membrane. In the immediate vicinity of these cancer nodes, also in this stroma appears an infiltration of minute cells, with an extensive formation of vessels, by which the gland canals are separated, over-granulated, and divided from the surface of the mucous membrane. A very instructive illustration of this by Waldyer, can be found in Virchow’s

Archives, No. 41, Plate II, figure, 3, and also in No. 51. Plate VIII, figure 12.

According as the stroma or cancer cell show different forms of development, the different forms of carcinoma are seen, which, by external appearance and microscopic structure, differ essentially, and are divided into three principal classes, according to their appearance, namely:

1. Carcinoma fibrosum,=scirrhus;
2. Carcinoma medullare,=encephaloid; and
3. Carcinoma colloides,=alveolar or colloid cancer.

While the first two mentioned forms, through the different development of the stroma, are distinguished from each other in this way, viz:—that in scirrhus, the cellular tissue exceeds the cancer cell; and in unmistakable encephaloid, the cancer cell exceeds the stroma. In the third form, “carcinoma alveolare,” a metamorphosis occurs, in which the cancer cell itself is concerned, the colloid cancer cell being a characteristic of it.

I desire to call attention particularly to the last named form, colloid cancer, (carcinoma alveolare), of which, I herewith present microscopical plates, from specimens received from my friend Dr. P., which one of his patients expelled a few months ago in vomiting; the quantity vomited, I am unable to state; but I believe it was a wash-bowl full the first time, and was repeated more than once. The history of the case, given me by the attending physician, is as follows: Mr. J. M., aged 61 years, has always been well, with the exception of brain fever, from which he suffered at forty years of age; has done business, without a vacation, for thirty-four years; weight in health, 180 pounds. Eleven years ago last March he had a fall, striking the back of the head, and lay all day unconscious. He kept the house for two or three weeks. He subsequently permanently lost the senses of taste and smell, and was subject to turns of dizziness. Within the last six weeks he has lost sixty pounds in weight, and is still losing every day. The father of the patient was a farmer, who lived to be 83 years old, and died of old age. His mother was a slender woman, and died at the age of 75, of congestion of the lungs, after a sickness of one week. Neither of the parents had ever had any special illness. The grand-parents on both sides lived to between 77 and 87 years of age, and were engaged in farming pursuits.

In this case, there is no evidence of an inherited condition, and we must therefore look for some other cause; and as the patient had not been under medical observation previous to the expulsion of this substance taking place, it will be difficult to ascertain the true cause. It is evident however, from the long existing dyspeptic symptoms that "Gastritis Chronica," or some other long continued irritation, must have been present. My intention is not to point out the exact cause, in this case. We are able, during life, to diagnose the presence of a carcinomatous condition; and in this case, I have made the microscopic drawings with the aid of a solar microscope, to illustrate the subject, and make it easier of apprehension.

"Carcinoma colloides" generally diffuses itself extensively, and is characterized, according to the pathological anatomy, by unusually large "alveoli," in which the cancer cells are abundant, and contain a gelatinous, mucous-like substance, which has the appearance of a peculiar "colloidal metamorphosis" of the cancer cell itself. The ulceration, if present at all, progresses very slowly; and the extension may become very enormous, so much so that the omentum, and even portions of the peritonæum may become involved. The colloidal form is quite rare; at least, much more so than the other two. According to the statistics, only about two in twenty of all cases. The other forms of cancer found in the stomach, as the "villous," are classed with the three principal forms.

The drawings exhibited, are from a small portion of the substance vomited by the gentleman referred to, and is a part of an alveolus, which is in a condition of decay, but preserved in a weak solution of acetic acid. It has taken a form as if filling all the curves of the stomach, and shows that it has pressed its way into every available space. It must be regarded as certain, from the quantity vomited, that the stomach was completely filled with this growth. My opinion is, that, this growth was nourished through a pedicle going out from the gastric mucous membrane, heretofore alluded to, and as can be seen in Plate II, there was subsequently compression upon the pedicle sufficient to cut off all nutrition, and consequently decay followed.

Plate I, is a transverse section of the partly decayed growth; it has been hardened by the re-agent acetic acid, stained with nitrate of silver solution, and is enlarged 150 diameters. It consists of epithelium, fibrous tissue, connective tissue, and a villous membrane. The outside membrane (*a*) is epithelium, a layer of fibrous tissues, through which (*b* and *e*) are seen the vessels; while *f* represents large gland ducts, by which the secretion is brought into the growth; *c* is connective tissue in a broken down condition, and *d* the villous fibres. The alveolus did not contain any fluid, as it was partially broken down; consequently I am unable to say whether the fluid was gelatinous or otherwise.

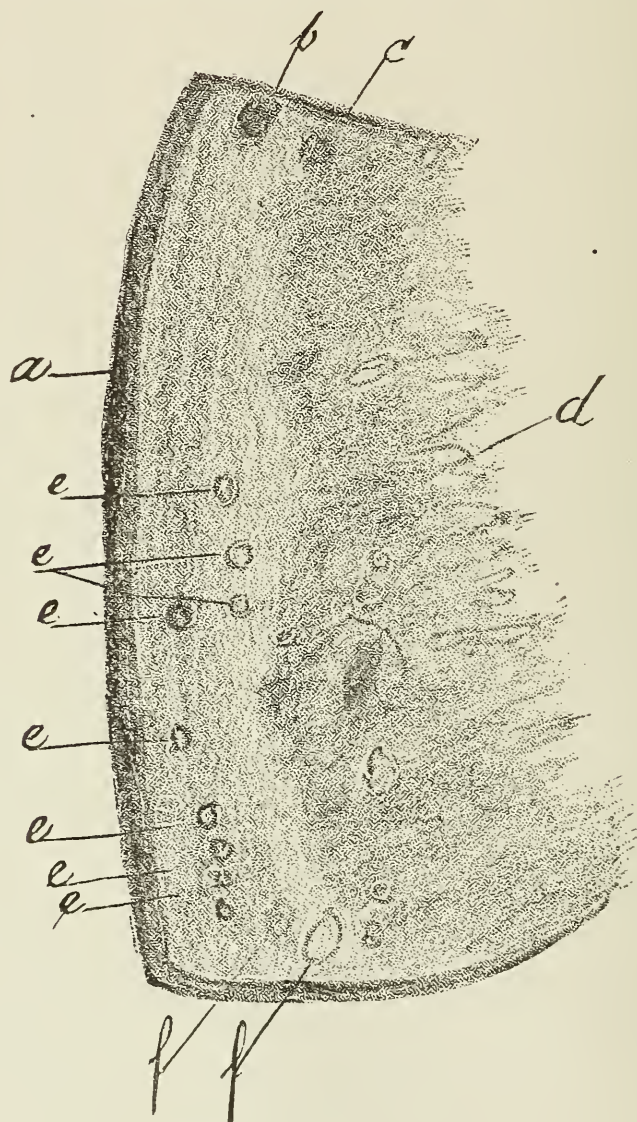


Plate I.

The alveolus on the outside of its covering had some papillary, pedunculated excrescences, which are in a well preserved state, containing the fluid, but they have become transparent from the action of the acetic acid in which they were immersed. By these specimens, of which I have a number mounted, I shall be able to show the process of development.

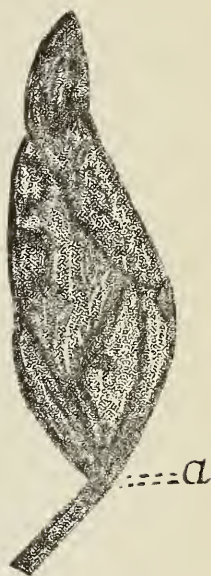
Plate II, represents one of those papilliform cysts, in its natural state, containing the fluid, and is exact, as seen by the microscope, ten diameters enlarged. The pedicle is only one-half its original length. It was first cleaned with a weak dilution of alcohol, then mounted in glycerine. This conical-shaped cyst, with the long pedicle, has the form of a leaf, or rather a kernel of oat. Its "corpus" is from 8 to 10 m. m. long; the widest point is about 3 m. m. The pedicle is from 5 to 7 m. m. long, and 1.5 m. m. in diameter. They are, however of different sizes, as seen in Plate II, and may become very large.

The "papilliform corpus" has its origin, (as demonstrated by Waldyer,) in the "sub-mucosæ,"—is constructed of an extremely fine outside membrane, with a net-work of vessels, which go through the pedicle; by its neck they are divided, and subdivided, as seen in Plate III, where the vessels only are seen.

Plate III is one of those papilliform growths, so prepared as to be transparent, with turpentine, and double stained with red and blue analine. The object is mounted in balsam, and was taken from the neck, marked *a*, on Plate II. Here also, it can be observed that these papillomata (*b* and *c*) granulate out, from the outside coating of the blood vessels; (*a* arteries, *v* veins,) and it is my firm opinion that *there* is their primary point of development; but I wish to reserve the right to make further observation, and now only make this suggestion.

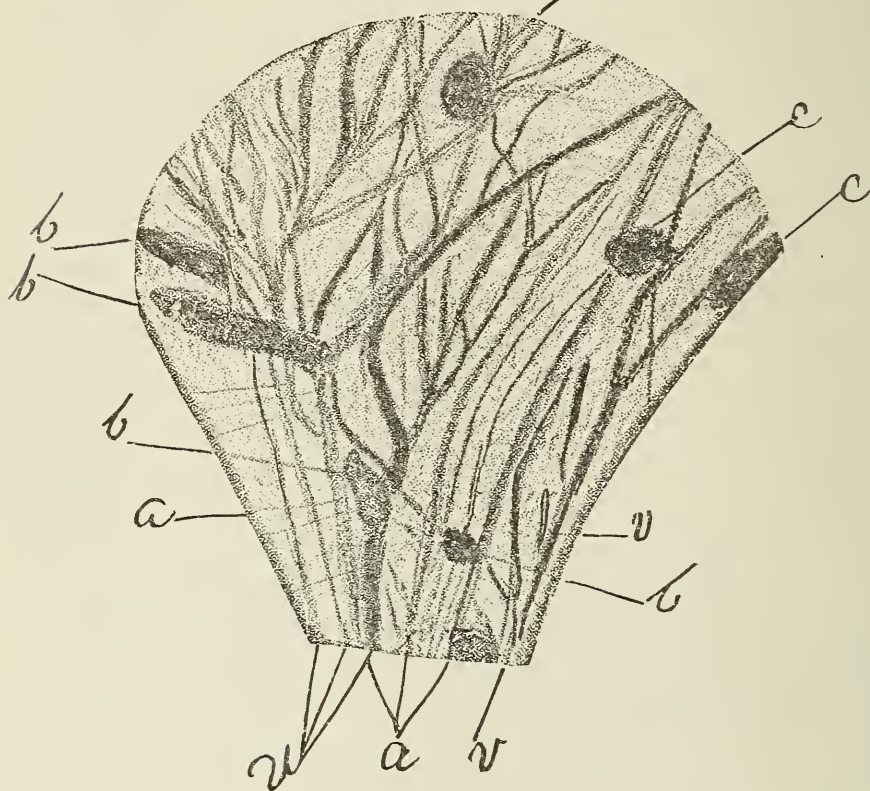
The papilliform cyst contains a transparent, light yellow gelatinous fluid, which, examined by the microscope, represents a minute nucleated cell; the nuclei were observed by

Plate II.



an extraordinary change; the specimen had been macerated in a 3 per cent. solution of acetic acid, gradually increased in strength to a 30 per cent. solution. Then it was immersed in a weak solution of red analine, and mounted in balsam.

Plate III.

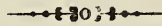


Seen by the microscope 670 times enlarged, the margin of the cell and the nucleus were brought out. In the literature of the development of this fluid, nothing is found in regard to the nucleated cell; we only find that the fluid resembles the cancer cell. I here, however, only allude to this fact; reserving the right of further investigation.

It is also said that these pedunculated papillomata are extremely rare, consequently the observations are so rare that we may, as yet, consider the subject in darkness, and hope that we shall have an opportunity, by *post mortems*, to pursue the investigation still farther, and at some future time, offer more light upon the subject.

AUTOPSY.—The case presented the following *post mortem* appearances: The stomach was extremely dilated, holding from three to four quarts of fluid. The walls of the stomach were completely transparent, and unelastic, and the mucous membrane was very smooth. The pylorus was scirrhus, and the opening not larger than a pin. No sign of any excrescence, as it had been ejected by vomiting, during life. The other organs were all healthy, the carcinoma not having extended beyond the stomach.

322 SHAWMUT AVENUE, 1882.



ACUTE TYPHLITIS.

By C. E. Miles, M. D.

Typhlitis, or inflammation of the caecum, and its appendage, though often complicated with other diseases, in its milder or severer form, is of no unusual occurrence. In the earlier stage, the diagnosis is frequently obscure, the symptoms not being very marked, and the real condition may not be comprehended until the attack threatens serious results. The importance of an early and correct diagnosis in this disease is apparent to every one familiar with it, as by an error, what might have been a mild attack may go on to the severest, from lack of proper treatment in one case, or the application of too heroic measures in another. Two cases now in mind aptly illustrate these points. Mr. B., had been suffering more or less pain in the right iliac region for two days, continually increasing a little; tenderness had become apparent, but he was about his room. His physician being called, felt his pulse, looked at his tongue, placed his hand on the covered abdomen, and said, "your bowels are gassy." He prescribed bicarbonate of soda, and took his departure. The patient continued to grow worse for three days, when I was called, to find him in the most intense pain, peritonitis having supervened. Recovery occurred only after a violent illness and prolonged treatment. Mr. G., a mercantile traveller, was taken in the afternoon with a chill, and severe pain in the right iliac region; tenderness was felt on pressure, and pain on motion was manifest. After a night in bed, he rode some forty miles in the cars, and passed another night in

agony, when he sent for his physician, who diagnosed the attack as colic, and administered a heavy dose of castor oil. The oil operated profoundly, but the patient was all the worse for it. When called to see him, his distress was extreme, and not until after four days and nights of careful watching and treatment could a favorable prognosis be ventured.

The position of the caecum, as well as its abundant mucous structure, and great capacity, favor the taking on of the inflammatory process, aside from the ordinary causes of intestinal disease. That sudden cold has often produced the disease under consideration, seems probable.

There is an acute and chronic form of Typhlitis; but it is only to the mild and severe forms of the acute type that attention is called. In the milder form, there is more or less pain about the crest of the ilium, followed by tenderness on firm pressure, or sudden or violent motion. Especially will pressure with the tip of the finger in the caecal region, very early in the attack, develop much pain, and prove a ready means of locating the disease. The prone position, the body being turned toward the right side, with the legs flexed upon the abdomen, are marked characteristics of Typhlitis. The contractile power of the muscularis is impaired, giving rise to constipation, and by careful manipulation, the point of impaction can frequently be felt. Sometimes, however, from the sacculated structure of the caecum, the fluids may be passed, appearing like a diarrhoea, leaving behind the more solid farces. The attack may set up suddenly; but it is generally preceded by languor, attended by thirst and fever, and a sense of restlessness, to be succeeded by pain and tenderness, as before described. In the severer forms, vomiting of the contents of the stomach and duodenum may occur, and if there is persistent impaction, faecal odor and faecal matter will be present. If these continue, the face becomes pinched, the nervous forces fail, the body becomes clammy, and death closes the scene. The milder attacks usually yield readily to judicious hygiene and treatment; but in the severer form, the prognosis must be guarded, though many such cases recover.

In the milder form, the diagnosis between Typhlitis and intestinal occlusion is apparent, by local pain, softness in the caecal region, fullness, and want of impaction in the former.

In the severer cases, the general symptoms are the same as in other forms of occlusion of the bowels, but in Typhlitis the impaction will be found at the caecum. From inflammation of the appendix vermiformis, it is distinguished by the pain and tenderness being located in the iliac region, as far down as Pourpart's ligament in the former, sometimes extending into the hip; nor is there impaction of the *bowel* necessarily in disease of the appendix. In acute perityphlitis, the pain is less acute, deeper seated, lower down, and no impaction. In peritonitis the pain is diffused over a larger area, and there is no impaction.

In the treatment of Typhlitis, the first indication is to give rest, the second to give freedom from pain, which is essential to obtaining the first. In the milder form these will be obtained by placing the patient in bed, and administering grain doses of codeia as often as necessary. Hot applications, dry or moist, should be applied over the caecal region. If moist, cover them, if possible, with oiled silk or rubber tissue. If there is an elevated temperature give Tinct. Aconite, minims 15; Tinct. Bryonia, minims 6; Water, ounces 4; dose, teaspoonful as often as indicated. When the temperature and pulse are reduced, and the pain and tenderness have subsided, if the bowels have not been relieved of their contents, an enema composed of warm water, a pint, rubbed up with hard soap; olive oil, two ounces; spirits of turpentine, a drachm, may be administered. If this does not remove the faecal mass, and especially if there are indications of accumulation in the caecum, give Sulphate of Magnesia, two drachms, or the compound liquorice powder, or again, Metcalf's Elixir Cascara Sagrada, two drachms. But never, I repeat, resort to operative interference until the fever, pain and tenderness are relieved, else, what is a mild case, may be converted into a very bad one. Milk, with or without lime water, is one of the safest and best diets at this period. But do not press the stomach with this until a sense of repose is attained by the patient.

But what if the case is a severe one when first seen? that is, if the temperature and pulse are high, the tenderness and pain great, and there is a certainty that the caecum is impacted, what then? The first two indications are the same as in the milder form—enjoin perfect quietude, both mental

and physical—feel your way gently, but surely enough to relieve his agony by hypodermic injections of morphia, to which atropia may be added, if thought best. That may be the best means to aid in freeing the caecum from the impacted mass. Give the Aconite and Bryonia mixture as before. A liniment composed of Chloroform and Tinct. Aconite, rad, of each three drachms; Spirits Turpentine, two drachms, and Olive Oil added to make three ounces, should be applied freely, and covered with fomentations and oiled silk or rubber tissue. If the case is not complicated with *severe* tympanites, let the bowels have rest; if there be great tympanites, then remove it with the enema above suggested. If the vital powers flag, if possible, nourish with milk, beef tea, carbonate of ammonia, or iced champagne; if this can not be done, give beef tea enemata with carbonate of ammonia, or the alcoholics.

The vomiting, if it occurs, must be met with the following: Oxalate of Cerium, grains 2; Carbonate of Bismuth, grains 5; M.; every hour; small bits of ice often prove effectual as well as grateful to the patient. When the time for operative measures arrives the same remedies as recommended in the milder form are among the most effectual known to the profession. As a final resort, the long injection tube, reaching far up the bowel, enabling us to carry the fluid to the illeo-caecal vale, has been found of use. Great care as to diet and motion is of the utmost importance during the period of convalescence, else there will be a recurrence of the attack, which is always graver than the first in this disease.



NECESSITY FOR HYGIENIC INSTRUCTION.

By Milbrey Green, M. D.

In 1879, when issuing the Announcement for the next Annual Convention of the National Eclectic Medical Association, I assigned to a large proportion of the writers selected to present papers before the Association, topics connected with *Preventive Medicine*; and in the Annual Address I urged on the Association its importance, and the necessity for *all* our colleges making Hygiene a part of their curriculum, so that our graduates should enter the profession with as

thorough knowledge of it as it is possible to obtain. Some of the papers read before the Association were highly commended by the "Sanitarian" and other journals interested in sanitary reform, and many of the topics connected with this subject, which were announced at that time, have been taken up and discussed by auxiliary societies throughout the United States. At every meeting of our Association papers have been presented relating to this subject, and our practitioners are showing more interest in it each succeeding year, but I believe too much cannot be said in regard to it, or its importance over-estimated.

Preventive Medicine has been greatly neglected by the profession in the United States, although its vast importance has been demonstrated repeatedly, in years past, by prominent medical writers. Within the past year several members of the American Medical Association have made earnest appeals to its members to devote more attention to the subject. A few months ago one of their prominent advocates of sanitary reform wrote as follows: "Hygiene is knocking loudly at the doors of college halls for admission; her claims have been heard by some and recognized by a few, though not so fully as they deserve. This subject will, undoubtedly, become the most important of all the branches of medical education. It is to be hoped that every college in the country will make the attempt to introduce the subject of Hygiene into its regular course, with as little delay as possible."

Dr. H. I. Bowditch, of Boston, one of the pioneers in sanitary reform, and to whom our State and the nation owe much, for his labors in behalf of Preventive Medicine, sent circulars, in 1876, to the most important institutions of learning in the United States, to ascertain what amount of instruction was given by them in Private and Public Hygiene. He received replies from sixty-two universities and colleges, exclusive of medical colleges, and gave the following as the result of his correspondence: 1st. "Instruction in Public Hygiene and State Preventive Medicine is *wofully neglected*. 2nd. In Private Hygiene, only about one-third of the colleges give any instructions. 3d That a full *special* course of instruction on either of the above themes is almost unknown. 4th. But *incidentally*, in connection with some other not necessarily allied subjects, and therefore *inefficiently*, the topics

are treated of by about three-fourths of the colleges, while one-fourth of them do not even perform this small duty in this most important matter."

Of the twenty-three medical colleges, from which he received replies, he says: 1st. "Only a little more than one-third of the colleges pay any attention to Public or Private Hygiene. 2nd. A still smaller proportion notice State Preventive Medicine. 3d. Only about one-fifth have special professors and special courses of instruction in Hygiene. 4th. About one-half say they have subsidiary teaching, given by various professors in other departments."

Nearly six years have passed since the above report was made, and yet the status of Hygienic instruction in the United States remains about the same, very little advance having been made except in a few colleges.

In Europe, State Preventive Medicine has long since received a large share of the attention of prominent medical men, scientists and statesmen. At the University of Munich, a chair of Hygiene was established in 1856, and there is now a large building devoted exclusively to this department, and the institution is furnished with the most complete apparatus it is possible to obtain for physiological and chemical experiments, and its library contains all the important works relating to Hygiene. At Turin there is now a very complete laboratory for instruction in Hygiene, and in various portions of the continent there are institutions devoted exclusively to it. Chairs of Hygiene are established in the Universities of Berlin, Leipsic, Vienna, Dresden, Amsterdam, Utrecht and Stockholm.

There are quite a number of periodicals on the continent devoted largely to sanitary science, and the medical journals manifest much interest in it. The *Progres Medical* last year, in announcing a course of lectures on Hygiene, by Professor Bouchardt, before the *Faculte* of Paris, said: "It is now necessary that our future doctors be skilled in Hygiene; that they be familiar with all the improvements in sanitary science, in order that they may be able in their practice to apply them for the preservation of public health."

The International "*Congres d' Hygiene*," held at Turin, unanimously adopted the following resolution: "The Congress, convinced of the necessity of practical teaching in

Hygiene, express the hope that such teaching will receive all the attention which it deserves from Universities; and particularly that laboratories for experiment and illustration be furnished, and museums for the representation of everything relating to Hygiene, be formed."

Some idea may be formed of the interest taken in Hygiene on the continent, when we consider that the loss of the Hygienic Exhibition, in the district of Potsdam, near Moabit, which was burned May 12th, was several hundred thousand pounds. The exhibition was to have opened on the 16th inst., and would have been of great value to sanitary science. Its total destruction by fire, on the 12th inst., is a great misfortune, as it was the most complete exhibit that years of study and research in sanitary science could produce.

In England, considerable attention is bestowed on sanitary science, and instruction in Hygiene is given in the Universities of Cambridge, Oxford, London, Victoria, and other institutions. Cambridge gives a certificate testifying to competent knowledge of what is required for the duties of a medical officer of health. The examination precedent requires: 1st. "A knowledge of the principles of physics and chemistry; methods of analysis; the use of the microscope in ascertaining the conditions of air and water; reference to ventilation, water supply, drainage, construction of dwellings, disposal of sewage and refuse. 2nd. A knowledge of the laws relating to public health; sanitary statistics; origin, propagation, pathology and prevention of epidemic and infectious diseases; effects of overcrowding; vitiated air; impure water and bad or insufficient food; unhealthy occupations and the diseases to which they give rise; water supply and drainage in reference to health; nuisances and distribution of diseases."

How many of our "medical officers of health," or physicians who are members of Boards of Health, could pass such an examination as would entitle them to a certificate from Cambridge? We have now a National Board of Health, twenty-seven State Boards of Health, and Boards of Health in nearly all our cities and many villages. Medical men should be on every Board of Health, and there should be competent physicians found to fill such positions—men who can give a scientific precision to their work. The knowledge necessary to fill such positions can only be obtained by special study, and our colleges should all be prepared to give it.

The general practitioner may, by long experience, close observation and study, acquire a deep insight into sanitary medicine, and become an expert in Hygiene; but only by having it form a part of the curriculum of instruction can Hygiene become a fundamental part of our profession.

BOSTON, May 15, 1882.

*SOCIETY PROCEEDINGS. HOSPITAL
REPORTS. (American and Foreign).*
NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, February 8, 1882.

DR. GEORGE L. PEABODY. VICE-PRESIDENT, IN THE CHAIR.

DR. TAUSZKY presented a specimen of
LACERATED BLADDER.

It was accompanied by the following history :

Wm. McG——, thirty-two years old, Irish, single, was brought to St. Vincent's Hospital February, 26, 1881. He had been to the Northern Dispensary, and there a rupture of the bladder was diagnosed. On admission to the hospital the patient could not give a correct history of his case, but thought he was injured in the abdomen by some one falling on him while he lay intoxicated in a saloon. He complained of retention of urine. A catheter was used, and a quantity of bloody urine drawn off. It was necessary to use the catheter every six hours to relieve his distress; but after a few days the urine began to assume its natural color, yet on standing for some time would show a deposit of blood. The amount drawn each time was considerable. The instrument, a silver catheter, had to be introduced up to the rings before the urine could be drawn, which at the time was noticed by the physician in charge as very peculiar, and even then it required some manipulation after the instrument had passed the normal distance, until the instrument would suddenly pass farther and the urine would flow. The man died of asthenia March 3, 1881, at 3 P. M.

Autopsy, performed at the hospital March 4, 1881. Body well nourished. Intestines slightly injected, and only very slightly roughened on the surface of the transverse colon. *Peritoneum* slightly thickened and only slight injection of

vessels. There was considerable fluid in the peritoneal cavity, with an ammoniacal smell, but not markedly so; there was also infiltration in the tissues in the neighborhood of Poupart's ligament, especially in the lower portion of both recti abdominalis muscles, which had a sloughy appearance. The *bladder* was about two inches in diameter, contracted, and its surface corrugated. It had a marked bluish color, verging upon a gangrenous appearance. There was a horizontal rupture of the walls of the organ, commencing a little to the right of the fundus and passing to the left nearly to the neck; the edges of the rupture appeared not of recent origin, and at various portions the internal and outer edges had cicatrized; but in the course of the rupture the mucosa of the bladder had an inverted appearance, inversion taking place toward the body of the bladder. Upon and underneath the membrane lining the bladder were a large number of small cysts filled with bloody serum.

Dr. Tauszky remarked that the fact that the patient had only a circumscribed peritonitis while under the treatment of Dr. Stephen Smith, with an extensive laceration of the bladder from February 26th to March 3d, and the tendency of the rupture to heal, seem to show the correctness of the view first enunciated by Prof. Simon of Heidelberg, that healthy urine does not prevent the healing or union of incised or other wounds with which it comes in contact. This fact he had seen corroborated in the New York Woman's Hospital, where, on account of otherwise incurable cases of cystitis, vesico-vaginal fistulæ are made, and, as Dr. Emmet expresses it, do what we may, these artificial vesico-vaginal fistulæ will usually close in about ten days. Another important question in connection with this case is whether laparotomy and the sewing up of the bladder at the time the diagnosis was made would not have saved the patient's life.

DR. WM. H. DRAPER presented a specimen of

INTESTINAL OBSTRUCTION.

The interesting features of which were with regard to its clinical history. *First*, the patient, a clergyman, was vigorous and of great activity up to the day of his illness, complaining only of very slight indigestion; *second*, he had no pain, and complained only of a vague, indescribable feeling of discomfort in the abdominal region (vomiting occurred

later); *third*, in corroboration of the views entertained, rather by English authorities than by others, was the paucity of urine, which suggested the probability of intestinal obstruction high up in the small intestine. That view was strengthened by the fact that at first there was no considerable distention of the bowels, they being flaccid and easily manipulated. No considerable distention occurred until after the sixth day of his illness, and it was probable that by that time the obstruction had made considerable of its descent. Had the subject been young it was probable the surgeons would have advised laparotomy; but the manifest degeneration of the patient's tissues, afterward proven by microscopical examination, and the great obscurity with regard to the nature and seat of the obstruction, he thought justly deterred the surgeons from operative interference. He believed the view entertained with respect to the nature of the obstruction by most of the physicians and surgeons was that it was due to a malignant growth with fecal accumulation. But the autopsy revealed that it was due to a gall-stone.

DR. JOHN A. WYETH said it was a question of importance in such cases to determine whether, or at what time, an operation was justifiable. This was one of the cases in which he thought delay was dangerous, as the result proved. He had had a case which was just recovering in which delay was attended with success. A gentleman about sixty years of age, of sedentary habits, had an obstruction seemingly in the right iliac fossa. Four days had elapsed without any movement of the bowels, previous to his seeing him, and there was evidently a great deal of gas in the abdominal cavity above this point; an injection produced no apparent effect. Drs Sands and Janeway were called in consultation as to the propriety of an operation, and it being deemed proper, Dr. Wyeth considering that it was dangerous to delay, the time for its performance was set for the next day. That night, however, a hypodermic injection of fifteen minims of Magendie's solution of morphia was administered, the patient was placed on his right side with a downward slope of the shoulders of thirty or forty degrees, and nine pints of warm water were slowly injected into the colon. Being unable to stand the distention any longer, twenty-four minutes after the injection was made the patient got up and passed about

four pints of the water from the lower part of the colon, but it contained no fecal matter. After twelve hours another discharge from the bowels took place, composed of about a pint of very feculent coffee-ground matter, and from that time the obstruction was relieved. There had been no stercoraceous vomiting at all, else he would have operated before the time appointed.

DR. PETERS referred to the fact that the acetate of lead had been reported by good authorities, first in Thurgood's "Materia Medica," as acting favorably for the relief of intestinal obstruction.

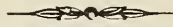
DR. PEABODY remarked that in Thudicum's work on "Gallstones," were related several cases in which recovery from intestinal obstruction took place, with the passage per rectum of the calculus, it being in one instance much larger than the present specimen.

DR. PEABODY presented

THE HEART, KIDNEYS, BLADDER, AND PENIS

removed from the the body of a man aged thirty-four, who died of pneumonia, after three days' illness. There was nothing unusual in the course of the pneumonia. Nothing told by the patient would lead to the suspicion of Bright's disease; but there was a history of intemperance. The urine contained albumen and casts, and, although not deficient in quantity, it was of low specific gravity. At the autopsy there was found to be a slight lesion of the aortic valves, the cusps being quite distinctly adherent. The kidneys were in a state of chronic diffuse nephritis, the right one being far the most atrophied. Hydronephrosis was also well marked in the right kidney. From that organ arose two ureters, one from the ordinary situation, about the middle of the kidney, the other from its lower extremity. The two ureters proceeded side by side to the bladder, and entered the viscus at the same point. One of them, however, became largely dilated before entering the bladder, forming a sack, the tissues of which resembled very much those of the bladder itself; that is, it was lined by a mucous membrane, and its walls were composed of muscular fibres. The bladder was markedly hypertrophied, although there was no structure of the urethra, a fact which seemed to him at first remarkable. It probably could be accounted for by the fact that the bladder had, as it

were, to expel a double amount of urine, although the patient passed only a normal quantity; that is, all the urine secreted had to be expelled by the urethra, part of it having been previously expelled in an upward direction into the dilated ureter, and having again subsequently entered the bladder after the contraction of that viscus had subsided. The condition of double ureter, he believed, was not of very infrequent occurrence. He found an example of it at the autopsy on an infant recently.



ACADEMY OF MEDICINE.

Meeting of April 10th, 1882.

FIBROID POLYPUS OF THE RECTUM.

DR. RANSOHOFF presented a fibroid tumor of the rectum removed from a male child four years of age. The mother stated that during four or five months the child had suffered from occasional attacks of intestinal hemorrhage attended with more or less protrusion of the bowel. During one of the speaker's visits he fortunately found the little patient at stool. He witnessed the protrusion of the rectum, in the form of a cone, about two inches in length, of dark almost slate color and covered with a glairy mucus. From the apex there was suspended by a narrow pedicle the specimen presented. The pedicle having been tied, the tumor was cut away and found to measure one inch in length by one-half inch in width and thickness. The little tumor was everywhere covered by unaltered mucous membrane, and one section presented the typical appearance of fibroid growth.

This was the second case of this nature Dr. Ransohoff had recently seen. The first affected a young woman of twenty who had severe intestinal hemorrhage during four weeks unattended by any other symptom. The diagnosis of internal hemorrhoids made by a former medical attendant was not substantiated. An examination revealed a rather firm tumor of the size of a hazelnut attached to the posterior wall of the rectum about two inches above the anus. Although the glass, bivalve and Sims' speculæ were used, the little tumor could never be brought to view, although it could be felt with great distinctness by the finger introduced into the rectum. The patient objecting to operative interference, an attempt to

check the hemorrhages with suppositories of persulphate of iron was made and it succeeded beyond the hopes of the speaker. Two months have elapsed since the last hemorrhage, and there has been no relapse.

DR. WHITTAKER observed that it was not uncommon to find prolapse of the rectum in children with dysentery.

DR. RANSOHOFF remarked that in his case no bowel trouble had ever been observed.

APHASIA—CHEYNE-STOKES RESPIRATION.

DR. JUDKINS asked for information in regard to certain phenomena observed in a noted Jewish divine of this city, lately deceased. One of these was that he understood words spoken in French and could also respond in that language, whereas he could neither speak nor understand English or German, with both of which he had been perfectly familiar.

The same phenomena had been observed in a physician some time ago who had been stricken by apoplexy when stepping from his bath tub.

DR. RANSOHOFF asked what caused the Cheyne-Stokes respiration which was also observed in the first case?

DR. WHITTAKER replied to the first question that such assertions must always be taken with allowance; sometimes sounds are uttered which bear a faint resemblance to a certain language. Nevertheless cases are on record where persons have forgotten their natural and yet retained an acquired tongue, though much more frequently the reverse is true. The fact points to a lesion somewhat about the language centre, probably a hemorrhage occurring in the vicinity of this spot. A similar feature is shown by some patients who will use the same words over and over again, the so-called barrel-organism, or by others who will paraphrase when they have forgotten the words expressing a certain idea. Thus, one patient described the moon as that public luminary. These phenomena are closely allied.

The Cheyne-Stokes respiration may be due to various causes. It was formerly supposed to depend on medullary hemorrhage, but since then typical cases of thrombus elsewhere located have been observed with the same phenomena. The speaker had seen a typical case in opium narcoses. The Cheyne-Stokes respiration, like the conjugated deviation of the eyes, had lost its diagnostic import.

[This case is of interest in connection with the article by Dr. Miles, on Typhlitis.—*Ed.*]

OBSTRUCTION OF THE BOWELS.

DR DAVY reported the following case: He was called to see a lady about eight days ago, who had suffered from obstruction of the bowels for nearly a week. A physician at that time had administered purgatives without any effect. Previous to this the patient was suffering from uterine trouble for about three months, so that she would go about holding her abdomen with her hands. When the speaker first saw her she was suffering excessive pain in the abdomen, principally in the right, but also in the left iliac region. She had some tympanites which increased in the next few days. The tongue was dry and red, and slightly coated. The pulse increased from 100 to 120, but has since fallen again; the temperature varies between 99° and 100°. She complains of great thirst and loss of appetite. A few days ago she had slight alvine discharges and also voided a small quantity of high colored urine. After four or five fecal evacuations the discharges became thick and mucous, resembling the white of eggs and were very offensive; these grew less and less and have now ceased. Her menses came on, lasted four or five days and then stopped. Two days ago she was worse, suffered great pain in her abdomen for which he applied a large blister and gave one and one-half grains of morphia hypodermically three times a day, this quantity being required to relieve the excessive pain. The blister gave some relief and the pulse, which was up to 120, is not more than 110, nor the temperature above 100°, but otherwise she is worse, and will probably die. There is undoubtedly obstruction of the bowels, but it is difficult to say what its exact nature is, or from what it originated. The physician first in attendance had applied a blister over the right iliac region, which led to the belief that he suspected trouble about the cæcum. There is no doubt about inflammation of the intestine, but no tumor is to be felt. To a question whether the patient had vomited, the speaker replied that she had thrown up some bile but no stercoraceous matter.

DR. HOTTENDORF said that he inclined to the opinion that the case was one of typhlitis or perityphlitis. The obstruction and inflammatory symptoms point that way.

AN ENCYSTED BULLET REMAINING TWO YEARS IN THE BASE OF
THE SKULL.

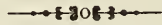
DR. SCHWAGMEYER related the following interesting case: A girl about 9 or 10 years of age was shot accidentally by a little boy two years ago next June. The ball entered the head just above the eye, penetrated both tables of the skull causing an effusion of blood in the orbit so that the eye protruded. It was thought that the child would die. Dr. Ayres was called in consultation by Dr. Fishburn (who also attended the child) and himself, but they all agreed that nothing could be done, and the child was treated as symptoms would arise. Contrary to expectation the swelling in the eye retracted, sight became normal and the child got well in six weeks. The only remnant of the injury was a small ulcer in the inner margin of the eye. This healed occasionally, and then the child would complain of headache, which would disappear again when the ulcer reopened. There was a small sinus near the lid but it was not probed. There seemed to be connection with it and the tract of the wound. She was sent to the country where she spent the summer and also last winter. Six weeks ago she complained of pain in the back and occasionally slight headache but continued to play every day on the street. Last Monday night convulsions set in with all the symptoms of acute meningitis, from which she died. A *post mortem* examination showed the brain highly congested, the arteries being almost black and the surface studded with minute abscesses. There was no fracture of the orbit. The brain was examined diligently for the bullet at the base but this was no where to be found. Hope of finding it was almost given up when a minute spot was detected in the sphenoid bone, below the middle lobe of the brain near the sella turcica. This portion of the bone seemed to be elevated and it was only by close examination that the bullet was discovered. It was then carefully chiselled out of the osseous structure in which it had been completely encapsuled.

The speaker could hardly believe that the child died of the injury because the bullet was entirely closed in and there was no tract of inflammation from the seat of injury to other parts of the brain. As the mother died of consumption and the child was always sickly, the speaker suspected tubercular meningitis and hardly regarded the gun shot injury as the

cause of death, but looked upon it as entirely independent of the meningitis. The child was said to have run its head accidentally against a wagon about one week ago; he did not know whether that could in any way account for the death of the patient.

DR. RANSOHOFF remarked that this case was of unusual interest (1) because the inflammatory symptoms appeared so long after the original injury, nearly two years; (2) because the ball was found encapsuled without any fracture; and (3) because the abscesses were at so great a distance from the seat of injury. If no relationship between the ball and other *post mortem* appearances could be established and no evidences of inflammation could be traced from the point of injury, he was slow to believe the gun shot injury the cause of death.

DR. DAVY remembered a similar case reported by Dr. Waterhouse. A wound into a child's brain was probed to a distance of *four and a half inches*; yet the patient got well, and in two years there was no further trouble; the ball became entirely encysted. He therefore believed that there was no connection between the injury and cause of death in this case.



BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

The monthly meeting of this society was held on Tuesday Evening, May 9th, Dr. J. D. Young, Vice-President, in the Chair.

Dr. C. Lloyd expressed regret that owing to a press of business, as well as illness among those of his own household, he had been unable to prepare the paper on Diphtheria which he had intended to present. He offered, in lieu thereof, some remarks upon the present status of *Materia Medica* and Pharmacy.

He said that in ante bellum days, in the southern states, when the illness or death of a slave entailed a direct pecuniary loss upon the master, the practice among that class, was a source of no little revenue to the general practitioner, but after the cessation of hostilities, when the former master was reduced to much the same financial condition as the freed man, the rivalry among physicians became brisk, and the loss

of a single case a matter of no little importance. It was about this time that the preparations known as fluid extracts were coming into general use, and the southern market, to meet the demand for inexpensive medicines, was flooded with preparations that, in most instances, were uniform in only one thing—their utter worthlessness. At this time Dr. L. instituted an inquiry into the mode of preparing these, and began a series of experiments and investigations which he still continues. He considered it a matter of regret, that physicians in general knew so little of the medicines which they employ, they knew the therapeutical or physiological property, but little or nothing of the physical.

He condemned in unmeasured terms the lack of principle displayed by manufacturers who put upon the market tinctures and fluid extracts, prepared from material which from age, or other defect, is perfectly inert and worthless. They regard the matter simply from the standpoint of dollars and cents, utterly ignoring the fact that human suffering may be increased, the life of a fellow-being sacrificed to their greed of gain, to say nothing of the loss of reputation that may come to the physician. He instanced a thriving firm in the West, who enjoy a reputation for reliability, and do a large business in remedies, essentially eclectic. Through their eastern agents, he recently ordered a line of their remedies, and among those received were three, which by tests to which he subjected them, were proven to be of no value. These he returned to the parties through whom they were obtained, and they, without his knowledge, called the attention of the manufacturers to the matter. As a result they wrote Dr. L., expressing regret and offering as an excuse, the statement that the stock of these, which, to obtain their peculiar properties, should be gathered at a certain season or stage of development, was exhausted, and in order to supply the demand, they had been compelled to procure a fresh supply, out of season, hence the disappointment.

He believed the remedy for such evils rested with physicians themselves. Retailers, as a class, were, he thought, honest enough, and when physicians made themselves familiar with the various preparations as properly made, learned to judge of purity, etc., by taste, smell and color, as well as other simple tests, withholding their patronage from manufact-

urers of other than reliable goods, this evil would be abolished.

Dr. R. W. Geddes remarked that the pioneers of the eclectic school won their way by the results they were able to obtain. They had less of education and science perhaps than we, knew less of the nature of some diseases than is known now, but they thoroughly understood the remedies they used. They gathered their own vegetable agents, and prepared them, or caused them to be prepared, by a simple process, the product of which was simple, pure and efficient. He thought our success in treatment had not kept pace with our knowledge of pathology; had not increased in the same proportion. We have smaller doses, and less offensive medication, but he questioned if we had not also less effect. He cited a case of uterine inertia in a primipara, in which he administered in succession, giving each a fair trial, two remedies, whose value in such cases has been much lauded of late, but from neither did he receive any considerable benefit. He then resorted to the *Erigeron Phila.*, which he had used for many years, and from which he had never failed to obtain a speedy effect. He was followed by Dr. Wm. Bailey and others.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

We have upon our table, an announcement of the Twelfth Annual Meeting of the above Association, which will convene in New Haven, Conn., on Wednesday, June 21st, and continue in session three days. Loomis' Temple, in which it will be held, has ample accommodation, and every convenience in the way of committee rooms, etc., and we understand that the arrangements which have been perfected for the comfort of delegates, and others attending, are simply complete. We confess to a certain amount of pride when we claim Connecticut as the place of our birth, and we think "we know whereof we affirm," when we speak of the hospitality of "the nutmeg state." Headquarters will be at the New Haven House, on Chapel Street, one of the best hotels in New England, and the accommodations will be of the highest order, and at \$3.50 per day, but we are requested to say, that those who are so disposed, may secure good accommodations at about one-half the above rates, so that expenses need detain

no one. "The City of Elms" is an eligible place of meeting, one of our oldest cities, replete with historical associations, and objects of interest. Prospectively the coming meeting augurs good to our cause, the work laid out being both comprehensive and exhaustive, and we have the promise that our eminent men, from all sections of the country, will be present and participate, and everything seems to indicate that this will be the meeting *par excellence* in the history of the Association. New England expects every eclectic to do his duty, and act well his part in maintaining her position in the foremost rank of reformed medicine. The Bay State we think, may be expected to roll up the handsome majority, which she ever gives to the cause of progress or reform. We are accredited with being "a people peculiar for a rigid spinal column, but broader in sentiment, and more generous in the bestowment of charities and benefactions to liberal learning than any other body of the American people." Let each eclectic in New England understand, that it rests upon him to join hands with the brethren in Connecticut and maintain that reputation unsullied.



OUR STATE SOCIETY.

The Twenty-Second Annual Meeting of the Mass. Eclectic Medical Society, will be held at the Revere House, Boston, on Thursday and Friday, June 1st and 2nd, commencing at 10 o'clock, A. M. The oration by Dr. John Perrins, of Boston, will be delivered on Friday at 1 o'clock, P. M., to be followed by the annual dinner. We had something to say in the JOURNAL for May concerning organization, and the benefits to be derived from "the assembling of ourselves together." It is earnestly hoped that the attendance will be large, and it is expected that the meeting will be of more than ordinary interest.



THE MEDICAL COLLEGE OF WORCESTER.

We believe there are those among the graduates and friends of this institution, who will be pleased to learn that, although there has not been a course of lectures given under its auspices since the session of 1858-59, the organization of

the Board of Trustees has been maintained, and under Massachusetts law, the charter is still valid and intact. Strong hopes are entertained for its future; it is not defunct, and there are those who will see to it, that it does not become so.

The annual meeting of the Board of Trustees, was held at the office of Dr. Joseph Jackson, 106 Court Street, Boston, on Tuesday, the 9th ult., at 11 A. M., the following officers being elected for the ensuing year:

President, C. Edwin Miles, M. D., Boston.

Secretary, William Bush, Esq., Worcester.

Treasurer, William Bush, Esq., Worcester.

Committee on Finance, Drs. Joseph Jackson, S. C. Ames, and M. Green.

Committee on Professorships, Drs. S. C. Ames, Joseph Jackson, and E. E. Spencer.

The following gentlemen constitute the present Board of Trustees: Walter Burnham, M. D., Lowell, William Bush, Esq., Worcester, R. W. Geddes, M. D., Winchendon, H. W. Buxton, M. D., Worcester, S. C. Ames, M. D., C. E. Miles, M. D., Joseph Jackson, M. D., Milbrey Green, M. D., and G. H. Merkel, M. D., Boston, Aaron Ordway, M. D., Lawrence, and E. E. Spencer, Cambridgeport.



ST. MARY'S HOSPITAL.

INVERSION OF THE VAGINA AND PROLAPSUS UTERI FROM SUDDEN EFFORT.

(Under the care of Dr. WILTSHIRE.)

C. M——, aged twenty-six, a housemaid, married two years, having one child nine months ago, which she suckled for five months, was admitted on Dec. 31st, 1878. She was florid and well-nourished; the bowels were confined, the defecation was painful; micturition was difficult, and she had leucorrhœa. She stated that her womb came down outside, and that it had done so for a week or two—in fact, more or less so ever since lifting a heavy box down a staircase about three weeks before, when she “felt something suddenly drop.” The parts afterwards gradually came outside, and when she was seen hung between the legs.

On examination, the vagina was almost completely in-

verted. Anteriorly, the vesico-vaginal wall bulged considerably, forming a tumor, which fluctuated from urine contained in the bladder. Posteriorly there was a proctoceles, but it was less complete than the cystocele. The cervix uteri around the os for a radius of nearly an inch was the seat of granular erosion, the so-called "ulceration." The uterine cavity measured three inches and a half, the supra-vaginal portion of the cervix being the chief seat of elongation. Nearly the whole of the uterus lay below the rima pudendi. The perineum was a fairly good one. The parts were easily restored, and a small flexible ring pessary was inserted, which kept them up nicely. Ordered to take one ounce and a half of compound decoction of aloes every morning if necessary.

On Jan. 3rd, 1879, she presented herself again, and said that the instrument kept the parts up well, and that she was quite comfortable; the bowels were loose, and defecation was painless; there was no difficulty in micturition. A week later she felt quite well and had no discharge.

Remarks by Dr. WILTSHIRE.—The sound was passed into the bladder, and it was demonstrated that the fluctuating tumor seen anteriorly was a vaginal cystocele. Attention was called to the fact that the bladder, as the end of the sound showed, ran down the cervix uteri to a point close to the os; and that incision of the cervix should never be undertaken in such cases, owing to the risk of opening the bladder, and even the peritoneal cavity. Replacement and mechanical support were all that was necessary; and it was found that, if properly managed, many of these cases recovered perfectly. The youth of the patient was also pointed out. Inversion of the vagina is much more commonly met with in elderly women, especially laundresses, in whom it results from constant effort, whereas in the patient it arose from sudden and rather violent strain. The granular erosion rapidly heals if the parts are restored to their proper position, as it did in this instance. When the patient was seen on Jan. 21st, the erosion had entirely disappeared. Treatment by caustics is objectionable.

SELECTIONS.

BEEF TEA—LEIBIG'S EXTRACT—EXTRACTUM CARNIS AND URINE.

By Richard Neale, M.D., London.

In the *Lancet*, October, 1880, p. 562, Mr. G. F. Masterman draws attention to the chemical analysis of beef tea, and shows that it is analogous to urine, excepting that it contains less urea and uric acid. Some years ago Mr. Masterman also gave analysis in one of the medical journals, but which of them, I cannot learn of the author himself, showing that beef tea most carefully prepared, does not contain, including alkaline salts, more than from 1.50 to 2.25 p. c. of solid matters, and that such matter is mainly composed of urea, kreatine, kreatinine, isoline, and decomposed hæmatin, exactly the animal constituents of the urine, except that there is but a trace of urea. Many writers have endeavored to impress the public and the profession with the value of beef tea, viz: that it is not a nutrient but a stimulant, and that it mainly contains excrementitious materials. It appears, however, of little avail, for you constantly meet with those, even in the ranks of the profession, who believe beef tea to be a powerful nutrient, while in most cases among the public, your positive statement that in milk we possess a far cheaper and more powerful blood and flesh making food than in beef tea, is met with a skeptical stare. A short time since a consulting physician wrote in one of our periodicals, how he was not infrequently called to cases where he found the patient literally starving to death in the midst of plenty. Wines and liquors of all choice brands covered the table, with beef tea, jellies and essence of meats in all their endless varieties, some of which the consultant was told, were given every half-hour, and that therefore the patient had been well kept up. By a speedy clearance of all but the brandy bottle, and with the addition of two or three pennyworth of milk, he had on several occasions, rescued a young and valuable life from certain death. The late Dr. Francis Sibson, in an admirable paper on Bright's disease and its treatment, published in the *British Medical Journal*, showed how detrimental beef tea may prove in some cases of Bright's disease where the kid-

neys are already trying to the utmost to throw off metamorphosed structures, and yet the metamorphosed structures of the muscles of the cow are superadded, for these very materials, had the animal lived would have passed away as urine. Frequently, too, beef tea is advised by practical physicians in diarrhoea, dysentery, and during diarrhoea of typhoid: certainly a large experience of tropical dysentery and diarrhoea has taught the writer to look upon this fluid in the light of poison in such cases. Dr. Lauder Brunton has some very able remarks upon the occasional injurious results of beef tea (*vide Practitioner*): "We find only too frequently that both doctors and patients think that the strength is sure to be kept up if sufficient quantity of beef tea can only be got down; but this observation, I think, raises the question, whether the products of muscular waste, which constitute the chief portion of beef tea or essence, may not under certain circumstances be actually poisonous. For although there can be no doubt beef tea is in many cases a most useful stimulant, one which we find very hard to do without, and which could hardly be replaced by any other, yet sometimes the administration of beef tea, like that of alcoholic stimulant, may be overdone and the patient weakened instead of strengthened." Many other writers, have from time to time endeavored to impress the profession with the true value that beef tea possesses as a stimulant, but not as a nutritive agent. The non-nutritive, but valuable stimulating powers of beef tea, and its excellence as a vehicle for flesh-making food, such as bread, being fully conceded, it will be interesting to note some facts proving that similar properties have long been known as pertaining to urine. In South America urine is a common vehicle for medicine, and the urine of little boys is spoken highly of as a stimulant in malignant smallpox. Among the Chinese and Malays of Batavia urine is very freely used. One of the worst cases of epistaxis ceased after a pint of fresh urine was drank, although it had, for thirty-six hours or more resisted every form of European medicine. This was by no means an unusual result of the use of urine, as I was informed by many of the natives. Hypodermic injections of secale were unknown. As a stimulant and general pick up, I have frequently seen a glass of child's or young girl's urine tossed off with great gusto and apparent benefit. In some

parts of our own country the use of urine as a medicinal agent is not unknown. The use of urate of ammonia and guano was noticed by Bauer in 1852, who found their external use of value in phthisis, lepra, morphœa and other obstinate skin diseases. Dr. Hastings' report of the value of the excreta of reptiles in 1862 in the treatment of phthisis, will also be fresh in the recollection of the older members of the profession. Possibly observers may be able to add further to our information regarding the medicinal uses of urine both at home and abroad.—*Lancet and Clinic.*



WASHING OUT THE STOMACH IN INCONTROLLABLE VOMITING AND VOMITING OF PHTHISIS.

M. See had remarkable success in incontrollable vomiting, not dependant on grave lesions of the stomach, by employing the above means. Cereuville also, has published some cases in which he used the washings with great advantage.

Among his patients some were subjects of variety of vomiting which resisted opiates, anti-spasmodics, alkalies, gaseous and cold drinks, as well as revulsives and electricity; others were consumptives in the second and third stages of the disease.

The first subject was ten years old, of good constitution and robust originally, who vomited regularly after each meal, *immediately after eating*, and had become markedly emaciated. "There was no symptoms of gastric embarrassment, no sensibility of the epigastric region either spontaneous or on pressure. On examination, percussion showed marked dilatation of the stomach, vomiting comes on suddenly, with previous nausea. The ingesta are expelled with little or no mucus, and slightly marked acidity exists. The evacuations are regular.

The divers means ordinarily employed were used in vain, when he tried washing out the stomach with a soft sound and simple water. Since that day, the meals are not rejected, and the patient took his milk that evening. The washing was not repeated, and the vomiting has not returned.

The second case is more complex and obscure; there was a man, who, after a fall on his head, had various lesions, ceph-

alalgia, buzzing in his ears, vomiting and vertigo, in a word, seemed a typical case of Meniere's disease. All the therapeutic remedies were tried for the obstinate vomiting, until the stomach was washed out for three successive days with infusion of quassia amara, when the vomiting and vertigo disappeared.

Lastly, in a young woman, 20 years old, who had daily vomiting during a parametric ephidrosis following an acute vaginitis, the results were most happy, though manifested slowly. These are only a few of cases observed by the author. His opinion of the value of washing out of the stomach rests on a large number of successful results. With phthisical patients the vomiting is frequently sufficiently obstinate to cause grave apprehension for the nutrition. Whenever they cough violently they vomit; in later stages it is provoked by the excessive expectoration, the huge masses requiring for their expulsion an effort of the stomach.

Whatever may cause the vomiting, medicine sometimes seems powerless to arrest it. Washing of the stomach renders valuable aid in these cases. The author has had decided benefit in two phthisical cases, and his results merit the attention of practitioners.—*Translated from the Spanish Virginia Medical Monthly.*

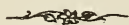


THE TREATMENT OF DIPHTHERIA.

Beside the sections in standard works devoted to this subject, some excellent monographs have also been published. The Clinical Record publishes the following rules as laid down by Dr. Morell Mackenzie, in the course of an interesting paper read at the late International Medical Congress at London:—

1. Ice is used in first stage, both internally and applied externally to the neck; contra indicated when it causes pain, in young children, in advanced stages, and especially if gangrene be present.
2. Steam inhalations of great service when the false membrane shows a disposition to separate, and when it is situated in the larynx or trachea.
3. Solvents administered by swabbing, or in the form of spray, often highly beneficial. Lime water and lactic acid the best.
4. Antiseptics very important; carbolic acid, permanganate of potash, and chloral hydrate; the last being the most

certain. 5. Antærics, or varnishes, *i. e.*, remedies which exclude the air from the false membrane. Tolu dissolved in ether is the most serviceable; simultaneous employment of other local remedies (ice, steam,) not prevented by the use of these agents. 6. Caustics are always injurious, while astringents are useless and sometimes hurtful. Constitutional treatment must be based on the principle of supporting the patient until the violence of the disease has passed. Cognac brandy, given freely, will be indicated in many cases.



ANÆSTHETIC MIXTURES.

The Vienna mixture, with which eight thousand operations have been performed without an accident, consists of ether, 3 parts; chloroform, 1 part. Billroth's favourite anæsthetic mixture is chloroform, 3 parts; ether, 1 part; alcohol, 1 part. An English mixture, known as the A. C. E. mixture, consists of alcohol, 1 part; chloroform, 2 parts; ether, 3 parts.

Owing to the different volatility and specific gravity of the various anæsthetic liquids, the vapors have, necessarily, a different composition from that of the mixture themselves. The value of a mixture must, therefore, in part, be determined empirically. Some experiments have been made in the mixing of heart-stimulants with chloroform. Sanford mixed one pound of chloroform with two drachms of amyl-nitrite. Others have added oil of turpentine to the chloroform. The objection so far has been that such mixtures cause a headache.—*N.Y. Medical Record*. Much has been said of late in society meetings and through the medical press, concerning the value of various compounds of the several anæsthetic agents, their advantages, their special dangers, and the better mode of administering them. The two first mixtures mentioned above, it will be seen, are nearly the exact opposite of each other, and in connection with the second we would state, that about December 1880, or January 1881, Billroth met with an accident which must have suggested to him that his favourite anæsthetic, was at least not devoid of danger. The patient, a strong healthy young man, was given the above mixture, the object being (if we remember correctly) to reduce an old dislocation of humerus. Before any

attempt at reduction had been made, symptoms of asphyxia manifested themselves, and although all the usual measures artificial respiration etc., were resorted to and persisted in, the patient could not be resuscitated. The necropsy failed to reveal any visceral, or other disease whatever. The great Viennese surgeon certainly manifested no little nervousness, and we understood, for the time at least, discontinued his "favourite," though he may since have resumed it. An interesting discussion on the use of anæsthetics in labor, which occurred the last meeting of the Boston Gynæcological Society, will appear in our next.—*Ed.*



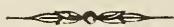
CHIAN TURPENTINE IN CANCER.

Dr. John Clay, in a recent article in the *Lancet*, affirms that after a further experience of two years he has nothing to take back as regards his first announcement of the value of Chian turpentine in Cancer. He makes the following statements: Nine cases of cancer of the uterus have been under his treatment for a year. They are now convalescent. The growths have disappeared, there is no bleeding or pain on touch, and the parts appear to be covered with mucous membrane. In a number of other cases there is freedom from pain diminution of hemorrhage, and sloughing of the growth, with improvement in the general health. A number of advanced cases have been treated and the patients died, but with some temporary improvement at first. Dr. Clay thinks that Chian turpentine, on the whole, acts quite uniformly in cancer of the uterus; that it removes the infiltration about the growth and prevents its progress. The earlier the case comes under treatment, the better the chances.

A number of drug houses still advertise and warrant as pure Chian turpentine substances which are not genuine at all. Southall & Barclay, of Birmingham, prepare the drug in a very acceptable manner. They prepare an essence, one teaspoonful of which contains three grains of the drug.

The vagina and rectum should be sponged daily with equal parts vinegar and water. Astringent insufflations should be used. The propriety of excised cancerous neck is doubtful. For pain, opium or drachm doses of tincture of Jamaica

dogwood may be used. For diarrhœa or dysentery, the oil of eucalyptus, in five minim doses, is efficient. In cancer of the vulva, Chian turpentine acts slowly. In cancer of the breast, the drug seems to be of much service, but need hardly supercede the knife.—*The Medical Record*.



REMOVAL OF GRAVID UTERUS.

The advances made of late in abdominal surgery seem almost boundless. On Tuesday last Mr Spencer Wells read a paper before the Medical and Chirurgical Society on a successful case of removal of a gravid uterus, which was the seat of rapidly-extending malignant disease. The operator deserves the congratulations he received for the boldness of the undertaking and its fortunate issue. Time, of course, can alone show whether a cure has been effected or whether as in so many cases of operation for the removal of cancer a local recurrence of the disease will take this case out of the category of radical extirpations. Every thing happily points in a favorable direction, the disease being almost limited to the cervix, and in spite of its active growth not having extended to the vaginal wall. The debate which followed turned chiefly on excision of the unimpregnated cancerous uterus. Dr. Matthews Duncan stated that in the vast majority of cases the cervix, not the body of the organ was primarily involved. Pathologically the growth is of the class of epithelial cancer, which, presenting various degrees of intensity, ultimately leads to the same end—the more or less total destruction of the cervix and body of the organ, the infiltration of the vaginal wall and the contiguous viscera, infection of the pelvic glands, and sometimes, but rarely, a certain amount of metastatic dissemination. The destructive changes never advance more rapidly than the spreading margin of the growth itself, which remains sharply differentiated from the more or less healthy tissue of the fundus and uninvaded portion of the body of the uterus. Surgeons may therefore hope by means of the knife and escharotics to advance the destructive process beyond the limits placed by nature and to extirpate the growing cancer itself. The operation performed by Marion Sims and approved by some speakers, but less warmly countenanced by others, aims at effecting this,

and when it fails it does so, just as all such measures fail, because it has been unable to remove the whole of the growth. The revival of Blundell's operation and allied methods for the removal of the whole of the non-gravid cancerous uterus point to the desire of surgeons, aided by modern safeguards, to effect a more radical cure, and there is much reason to hope that this may be done with greater success than has hitherto attended it. Unfortunately as a rule it is here as with cancer elsewhere that by the time the patient presents herself the disease has extended beyond the limits of the cervix uteri and infiltrated the soft and vascular tissues around, so that, as Dr. Playfair pointed out, the diagnostic sign of "fixation" of the uterus is the very one to deter the surgeon from interfering. It is here that the pathological point raised by Dr. Doran comes in. It is well known that beyond the verge of a growing cancer there is a more or less wide zone of tissue infiltrated in the leucocytes or granulation cell. According to Virchow, these were proliferating connective tissue cells on the way to become converted into cancer elements. But since Cohnheim threw new light upon the nature of the inflammatory process these small elements have, perhaps more correctly, been regarded as non-infective simple inflammatory products, the *precursors* but not the progenitors of the epithelial cell forms, which in time advance to the position they have occupied. The gist of Dr. Doran's argument and its practical deduction were this, that the precursory zone of inflammatory infiltration might account for the induration of the tissues beyond the actual seat of the disease, and also for the first appearance of fixation of the uterus. In cases then in which this condition is known to be only recently established the surgeon should not be deterred, but rather, as Dr. Doran remarked, should be encouraged to immediate interference. If the pathological interpretation be correct the practical deduction is plain, and it would rest with the surgeon to discriminate in regard to the entire and safe removal between those cases in which the cancer has and those in which it has not extended beyond the limits.

In this connection the following brief article, from the *Medical Record*, may be of interest:

REMOVAL OF THE UTERUS.—The patient from whom Sir William McCormac recently removed the entire uterus, on account of cancer, is said to be convalescent.

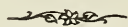
DISLOCATION OF THE BONES OF THE CRANIUM IN CHILDREN AS A CONSEQUENCE OF ACUTE MENINGITIS.

This lesion has not been as yet noticed by authors who write on infant pathology, although according to Parrat (*Revue de Med.* Feb., 1881), it is by no means rare.

He gives three cases in which this lesion existed and which was only discovered *post mortem* after the calvarium had been stripped of the soft parts which covered it. It consists of a dislocation, of the cranial bones, with an effusion between the borders of a sanguinolent fluid. The separation is greatest at the coronal and sagittal sutures near the bregma, where the separation may be from three to four millimetres. It shows well on the dried skull.

This dislocation appears because the contents of the skull become suddenly too great for its size, and the force from within overcomes the force which holds the bones together.

As to the cause of the expansile force, we can find it in the enlarged volume of the encephalic mass, and in the development of the cephalo-meningeal lesions. Age plays an important role in the production of this lesion. All the cases mentioned by Parrott were neither newly born nor were they adult. They belonged to that period of life when we find no membrane between the bones, and where on the other hand, the sutures had not acquired the solidity they do later. Can cranial dislocation be diagnosticated during life by any particular symptoms? As to that our author can not state positively, nor does he feel justified in offering an opinion.—*Lancet and Clinic.*



FRACTURES OF THE NASAL BONES.

In the March number of the *Annals of the Anatomical and Surgical Society of Brooklyn*, U.S.A., Dr. Mason has published a paper on "Fractures of the Nasal Bones." As a result of experiments on the dead subject he concludes that in all cases of fracture with depression of the nasal arch, the nasal processes of the two superior maxillæ are always broken and on the same plane. After alluding to the difficulty of successfully treating these cases, and pointing out that the

mucous membrane of the nose is so sensitive that it can not bear the pressure of any cannula or compress sufficiently firm to raise and support the depressed fragment, he suggests a novel procedure of his own. It is to correct the deformity, and then pass a needle across the nose from side to side through the line of fracture. A small piece of ribbon or bandage is then placed across the nose and fastened over the ends of the needle. The needle may be withdrawn about the sixth day. If the line of fracture is not symmetrical, the bones are to be drilled at suitable spots. Unfortunately Dr. Mason omits to state whether he has ever tried his method of treatment.—*Lancet*.

ALCOHOL INSTEAD OF ALCOHOLICS.

Dr. Lewis D. Mason, in the *Medical Record* for December 10th, urges a somewhat new idea,—that is, the use of alcohol in the place of whiskey, wine and other spirituous liquors. The question is an old one, how to obtain therapeutically the often valuable and necessary effects of alcoholics, without the risk of developing their intemperate use. The conscientious physician has often found it hard to answer. They will welcome the suggestion, attributed by Dr. Mason to Dr. B. W. Richardson, of London, to employ alcohol instead of the liquors. Its taste can be more readily disguised, the dose can be adjusted to a certainty (the liquors all vary in the amount of alcohol they contain), and the result being the same, since alcohol is the active principle. An item of small additional value is that of diminished expense. The plan has the endorsement of London physicians of eminence, and Dr. Mason instances its satisfactory use in the Inebriate Home at Fort Hamilton, and in the Asylum for the Insane at London, Canada.—*Phys. and Surgs. Investigator*.

THE IODOBROMIDE OF POTASSIUM IN EPILEPSY.

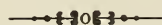
Most medical men will have met with cases of epilepsy in which the administration of the bromide of potassium, even in the largest doses, has failed to produce any beneficial effect. Few, however, seem to be aware of the important fact that by combining the *iodide* with the *bromide* a cure is speedily effected in the majority of such cases.—*Charles J. Green, M.R.C.S., in Lancet*.

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

Having retired from the editorial department of the Massachusetts Eclectic Medical Journal, I take pleasure in introducing to our readers my successor, Robert A. Reid, M. D., as the incumbent of that position. Dr. Reid is a gentleman of education and refinement, and will exert his best efforts to sustain the interests of the Journal. I would bespeak for him the same kind consideration that has been extended to the public's obedient servant,

H. G. BARROWS, M. D.

**OUR JOURNAL.**

In assuming the editorial management of the JOURNAL, we do so with no thought of pecuniary return, or distinction to be won, but because we deem it a matter of the first importance, that in this "the old Bay State," which has ever been foremost in matters of reform, and in this her capitol city which enjoys a reputation, extending even beyond sea, for commercial enterprise, for her philanthropy and literature; her statesmen, authors, poets and theologians, her manufacturers and her common school system, but above all as the very cradle of the American Revolution. the cause of Eclecticism, should have a fitting representative and advocate. We bring to the work an unbounded faith in the ultimate triumph of a liberal and reformed medicine, and to its service we propose to devote our time and best energies. We have neither the expectation nor desire to encroach upon, or in any way come into conflict with, the many already existing excellent journals; we purpose merely to enter in and occupy this, a hitherto comparatively uncultivated portion of the eclectic field. We desire to make our JOURNAL, a magnet, as it were, to collect, and a disbursing agent to dispense new and valuable information upon all questions pertaining to medicine and surgery; a sort of telephonic exchange through which physician may speak to physician as man to man, and the busy practitioner hold communion with his professional brethren; a central agency where news, items, etc., bearing

upon practical topics, coming in from many sources, may be diverted into those channels where they will do the most good. We have enlisted the earnest sympathy and hearty co-operation of a number of medical gentlemen of recognized ability, both in this and other states, over whose signatures original communications may be expected frequently to appear. We believe that the JOURNAL can be made a welcome visitor at the table of every eclectic, in New England certainly, and to this end we ask your aid. Doubtless much information, which would be of value to the profession at large, through the diffidence or (shall we say it?) indifference of physicians, never sees the light. If you have, or have had, any bits of unusual experience, give your brethren the benefit of them. If any remedy has given unusual results, in your hands, in the treatment of a disease or pathological condition, remember that while it is blessed to receive it is still more so to give. If you are in doubt upon any practical point, write us, and we will insert your questions, and publish replies. If your time is pre-occupied, or you feel that because you have never written for a journal, you cannot now do so, send us the facts and figures connected with your interesting case, and we will arrange them for you with pleasure. If you are a believer in reformed, progressive medicine, do what in you lies to further its cause, being "ever ready to give a reason for the faith that is in you," remembering that the success or failure of those principles is in a certain measure your own. We hope to make the report of society proceedings, a feature of interest in our JOURNAL, and to this end we invite secretaries to place themselves in communication with us.



A NEW DRESS.

We expected to appear this month, in an entirely new dress, as we ordered a new outfit throughout, including much smaller and pleasanter type, enabling us to greatly economize space, and thus give our readers a much increased amount of reading matter. Greatly to our disappointment it was not received in time for this issue, but it will appear in our next. We are supplied, either as exchanges or by subscription, with

the best periodical medical literature of the day, American and British, including the London Lancet, The Practitioner, New York Medical Record, Cincinnati Lancet and Clinic, Canada Medical and Surgical Journal, Virginia Medical Monthly, and others. While we purpose each month to give a good amount of original matter, we shall aim to give our readers also the cream of the medical press for the month. We have also several volumes of notes of interesting or unusual cases seen in foreign hospitals, upon which we shall draw from time to time as may seem desirable. Heretofore we have received annual subscription only, in this instance we depart from our custom so far as to say, that to anyone sending us one dollar, we will send the JOURNAL until January 1883. If you will but give it a trial, we believe we can retain you as a subscriber, for we think we can make it indispensable to you.

A METHOD OF TREATING EPISTAXIS.

Recommended by Jonathan Hutchinson, with a case and
comments.

Epistaxis is a very common affection, both in youth and old age. It is especially frequent in young people about the age of puberty, particularly so in girls antecedent to the menstrual period. It occurs as the result of injuries, but is rarely under such circumstances of much importance, except it be connected with fracture of the base of the skull, when it is often copious and persistent, possessing considerable diagnostic value. It is sometimes vicarious in young women, the menstrual discharge being suppressed, and under such circumstances is to be regarded as conservative rather than otherwise, and obviously requires no treatment other than that addressed to the re-establishment of the natural function. So also when it occurs in people of a full habit with a tendency to cerebral congestion (so called though we much doubt the propriety of the name) this condition being often associated with portal congestion, if the loss be not excessive, it may exert a salutary influence, perhaps averting graver mischief. The form of "nose bleed" most frequently met with, is that, occurring for the most part in children and young

people, and dependent upon congestion of the mucous membranes. It is of but little consequence and some one of the many plans of treating it, in popular use, will usually suffice, though the success of these measures is generally to be explained, by its spontaneous cessation. Still, cold water applied to the nape of the neck; slipping a piece of metal, a coin or key, down the back; holding the arms vertically above the head, do seem occasionally to stop the bleeding. Occurring in adult life, it is generally of much more importance, and in cachectic people, more particularly those of advanced life, when the blood is thin and defibrinated, not coagulating readily, it becomes a matter of serious moment. Not infrequently it manifests itself in the advanced stage of protracted and exhausting diseases, when the powers of life are at a very low ebb, and it is then of very serious import, and may well excite alarm as not seldom it leads to a fatal issue. Generally speaking when a fatal result does ensue, it is due to its frequent recurrence, and it is fairly established that in these cases the nasal hemorrhage is always associated with a depraved, broken down condition of the blood, in connection with old visceral mischief, chiefly renal or hepatic disease. In young and healthy people, the loss may commonly be arrested by some of the simple measures alluded to above, but in old and cachectic persons more vigorous means must be adopted. The head being elevated, an ice bag should be applied to the forehead, complete rest and quietude enjoined, and gallic acid, or ergot, or both, administered. Astringents may be topically used, and in failure of these measures it is customary to plug the nares, Bellocq's sound being most convenient for that purpose. But the plug is a source of much discomfort to the patient, he being unable to breathe except with the mouth open, and when it becomes necessary to retain it in situ for a considerable time, it interferes seriously with his comfort, particularly in sleeping.

The following case seen under Jonathan Hutchinson, and the remarks made in connection therewith by him, seem pertinent:

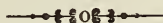
T. C——, a large robust man, æt 50, a publican, was admitted to the medical wards of the London Hospital, under the following circumstances. He had had profuse epistaxis for several days and had sustained a considerable loss, all the

usual measures for its arrest, medicinal and other, having been instituted by a local physician, but to no purpose. He had had a prior attack, five years before, and had then been an "inpatient," the circumstances being similar. Had had no abnormal symptoms during the interval, and neither then nor during earlier attack could the existence of old mischief renal, hepatic, or other, be made out. He came under care of Dr. Andrew Clark, and all the varied means were employed, but none seemed to exert any influence over the nasal flow, so soon as the plug was removed, it reappeared with increased force. On the 6th day after admission, being the 10th since the onset of the hemorrhage, he was transferred to the surgical wards, and was at this time first seen by the writer. The pulse was rapid, (120) small and compressible. He wore an anxious and distressed look, was extremely pallid, evidently much exhausted, and semi-delirious. Dr. H—— ordered him removed from bed, placed and retained in a sitting posture, in a comfortable chair, being well wrapped in blankets, an ice bag to nape of neck, and feet in a pail of hot water. A nurse was detailed whose duty it became to see that he retained that position, and that the water in which his feet had been placed, was not allowed to depart night or day from a degree of heat ranging from 99° to 110°. The hemorrhage ceased after a few hours, and when seen next day, patient was fully rational and though weak, doing well. Dr. H—— said that he had never, that he remembered, plugged the nares, simply because the above less objectionable means had always proven efficient. He had little or no confidence in the medicinal measures addressed to these cases. He cited the case of a well known lady of noble birth, whom he saw suffering from epistaxis, the gravity of which may be judged from the fact that she had been for several days under the care of two medical gentlemen, either of whom possesses a more than national reputation, and they having exhausted their resources, he was called in counsel at 2 A. M. The patient was so exsanguine, that he entertained great fear lest fatal syncope should ensue if an attempt to remove her from a recumbent position was made. However she was lifted out with the utmost care, and the same course of treatment pursued as above, with the happiest results.

A SUSPENSORY BANDAGE.

A simple, and at the same time inexpensive and serviceable suspensory bandage has been recently devised, which we believe for efficiency, as well as the qualities before mentioned, exceeds anything for the same purpose, before offered. It consists of a bandage about four inches wide extending around the waist, to the middle or back of which, is attached a strip of flannel, of about the same width, which coming around the perineum to the front, is again fastened to the waist band; in this a slit for the penis being made. Just behind that organ, the middle of a second strip of flannel is fastened, across the first, one end of which is brought up on either side of the penis, and fastened to the waistband by taking a turn or two around it, or by means of safety pins. Thus constructed it yields a serotal support, having no tendency to slip; one that can be very accurately adjusted, and need never be too tight nor too loose, and is therefore most comfortable to wear.

We would suggest, however, that some other and softer material be substituted for the flannel, such as old linen or cotton, as in not a few cases the former will be found irritating to the skin. Thus modified, we heartily recommend it to the profession.



A GREAT MAN GONE.

Dr. Charles R. Darwin, scholar, author, philosopher and scientist, and the foremost biologist of the nineteenth century, as well as a man of the greatest personal worth, died in Kent, England, April 20th. No man in our time has given a greater impulse to liberal and scientific thought than he. "None have fought better and none have been more fortunate. He found a great truth trodden under foot, reviled by bigots, and ridiculed by all the world; he lived long enough to see it, chiefly by his own efforts, irrefragably established in science, inseparably incorporated with the common thoughts of men, and only hated and feared by those who would revile but dare not. What shall a man desire more than this? Once more the image of Socrates rises unbidden, and the noble peroration of the 'Apology' rings in our ears as if it

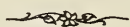
were Charles Darwin's farewell: 'The hour of departure has arrived and we go our ways; I to die and you to live. Which is the better God only knows.'"

He has received the last and greatest honor, which the English nation, bestows upon only the most deserving of her offspring, interment within the walls of Westminster Abbey, where he sleeps with Shakspeare, Milton, Southey, Dryden, Wilberforce, Wesley, Watts, Livingstone, Stephenson, and the long roll of illustrious dead.



INJURY TO VERTEBRÆ.

We notice the startling announcement in a leading daily, that "Michigan has a strike in the lumbar region." We shall expect to hear that serious injury has been done the (s) pinous process.



A CORRECTION.

TO THE EDITOR:

In an article entitled "Vaccination in a Scientific View," in the April number of the Journal, p. 165, the composition was somewhat changed. The intention was to show that if vaccination is performed in kindergardens, public institutions or by unscrupulous vaccinators, and with doubtful lymph, it often occurs that children break out with ichorous and even syphilitic ulcers. In the case cited as reference, it was said that Dr. Martin's best lymph had been used; but closer investigation proved that the vaccinator did not use Dr. Martin's bovine lymph at all.

G. H. MERKEL, M. D.

322 Shawmut Avenue.

SIR ERASNUS WILSON the president of the Royal College of Surgeons of England, and one of the most celebrated dermatologists of the day, has been suffering from a severe attack of gastro-enteritis, but is, we are glad to be able to state, improving somewhat.—*Pall Mall Gazette*.

SCOTT'S EMULSION

PURE COD LIVER OIL

WITH
HYPOPHOSPHITES OF LIME AND SODA

PERFECT, PERMANENT, PALATABLE.

The well known virtues of this preparation that has now been before the profession for a number of years, hardly needs comment from us. But we desire for the information of those whose attention may not have been directed to it, to present the following facts:

FIRST—We use in the manufacture of our Emulsion, Cod Liver Oil that is prepared expressly for us, and is strictly pure, which is the most important consideration to the Physician.

SECOND—By our process of Emulsifying, we so thoroughly incorporate the Oil with the Hypophosphite Salts, that the mixture is perfectly homogeneous and remains in that condition without the slightest separation or change for years, unless exposed to the air or intense heat.

THIRD—It is so palatable and easy of digestion, that it can be administered to children and persons with most sensitive stomachs without the slightest repugnance, and we are confident, from the results that have been obtained in the use of this preparation, and the flattering testimonials we have received from prominent physicians, that the proper manner of administering Cod Liver Oil, even to patients that can tolerate the crude oil, is in the form of a palatable and easily digested Emulsion. There are some in the profession that adhere to the use of the plain oil, but with all due deference it they will make a trial of our Emulsion, we believe their prejudices will be removed, and they will find it much more beneficial to their patients.

With all the numerous Foods, Cereals and so called Constructive Agents of uncertain value that are being introduced, the physician must sometimes be at a loss to know what to prescribe. But we are assured that the profession will bear us out in the statement that in all Pulmonary troubles, especially where the lung tissue is involved, in Scrofulous children and in Anæmic women of consumptive tendencies, as well as in general nervous debility, our combination will produce results if properly administered, unequalled by any other preparation, and most satisfactory to the physician and patient. We most respectfully ask those who have never prescribed or seen its results, to give it a trial, and if you desire to make a personal inspection of it we will be pleased to send a sample by express, prepaid.

FORMULA—50 per cent. of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce. Emulsified with mucilage and glycerine.

SCOTT & BOWNE'S SOLUBLE BEEF.

PEPTONIZED AND GRANULATED.

We have now perfected this preparation and offer it to the Profession as one on which they may place the most implicit reliance as affording tissue nutriment to the sick, convalescent, and invalid. Our Soluble Beef has been subjected to an exhaustive chemical analysis which we subjoin:

CHEMICAL ANALYSIS.

Moisture.....	8-8
Mineral Matter.....	21-3
Phosphoric Acid.....	4-7
Chlorine.....	5-1

ORGANIC SUBSTANCES.

Peptones.....	15-3
Albumen (Syntonine).....	1-3
Nitrogenous Substances, Gelatine, and Extractive Matter.....	53-3 — 69-9
	100 00

Messrs. SCOTT & BOWNE:

1030 PARK AVENUE, NEW YORK, December 4, 1881.

GENTLEMEN: Conforming with your request to examine your preparation "Soluble Beef," I have done so, and give you Chemical Analysis as above.

While your preparation embodies all the constituents of the ordinary Beef Extracts, there is a net gain of nearly 50 per cent. of nutritious protein substances in the SOLUBLE state; 22 per cent. Peptonized and available for immediate assimilation, while the accustomed Beef Extracts are either devoid of them or do not contain them in the dissolved state. ADOLPH TSHEPPE, P. D.

In the preparation of our Soluble Beef, the meat is selected from the choicest parts of the animal, and, by a process of our own, the soluble substances constituting the accustomed Beef Extracts, as well as a large portion of the otherwise insoluble meat-fiber, is dissolved and peptonized, ready for absorption without previous digestion of the stomach.

It contains all the nutritive and stimulant substances of the meat in a condition easily assimilated by the most feeble stomach. As an enemata its nourishing properties are exhibited to a wonderful extent.

We shall be happy to furnish samples free to all physicians upon application.

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DR. HOLMAN'S REMEDIES.

A Theory Well Supported and Thoroughly Substantiated.

POTENT AGENTS FOR THE EXPULSION OF DISEASE.

A Word to the Profession.

During the past few years science has made remarkable progress and gained many important victories over the worst diseases to which humanity is subject. One of the great difficulties, however, that new remedies have to encounter is prejudice, which disturbs the equilibrium of science and often succeeds in destroying the most useful medicinal agents. But while in one respect scepticism works hardships, in others it is useful; it causes the rejection of many so called remedies devoid of virtue, and makes the public and the medical profession cling more tenaciously to that which is valuable. No inventor of an efficacious remedy need therefore despair of its popular acceptance, for the barrier which prejudice erects is not impregnable, and merit and perseverance will make a breach through which the citadel of public opinion and the conservatism of the medical profession can be reached. Medical discoveries have continued for centuries, but it was reserved for the past few years to find remedies, effective, speedy and reliable, that have none of the annoying and objectionable features of bad taste and painful application. These most important additions to the vocabulary of remedies are known as DR. HOLMAN'S PADS and auxiliaries, which operate by absorption, a principle daily demonstrated. They have supplanted many remedies long relied on and now rank first as the best remedial agents for diseases arising from a disordered stomach, liver, spleen, etc. They are sure preventives and cures for malaria in all its varied forms.

Practitioners are daily satisfying themselves on these points, and many say with Prof. Loomis, 'I have given the operation of Dr. Holman's remedies a personal inspection, and find they merit my professional sanction.'

DR. LEWIS AND HIS HUNDRED WITNESSES —

The remarkable experience of a leading physician:

FULTON, Arkansas, June 5, 1877.

"After carefully watching, for a period of four months, the effect of 'Holman's Ague and Liver Pad,' in at least ONE HUNDRED CASES under my immediate observation, I have no hesitancy in recommending it as a sure and speedy cure in all cases of ague, biliousness and indigestion. In all cases of enlarged and inflamed spleen, it is *par excellence*. For all diseases arising from a disordered condition of the Liver, I cheerfully recommend its use."

Yours truly,

JAMES G. LEWIS, M. D.

Dr. Holman's remedies are active, efficient and necessary remedial agents. They possess antidotal and tonic properties, and operate through the circulation and nerve centres.

Price List of Dr. Holman's Remedies:

Holman's Ague, Liver and Stomach Pad—"regular" size.....	\$2.00
Holman's Ague and Liver Pad—"special" size for stubborn cases.....	3.00
Holman's Infant's Pad, for children's diseases.....	1.50
Holman's XXX Pad or Spleen Belt—for inveterate cases.....	5.00
Holman's Renal Pad, for the Kidneys and Bladder..	2.00
Holman's Pectoral Pad, for Lung Diseases.....	3.00
Holman's Abdominal Pad, for Female Complaints.....	5.00
Holman's Absorptive Body Plasters25
Holman's Absorptive Foot Plasters, per pair.....	.25
Absorption Salt, for Medicinal Foot Baths.....	.25

We make a liberal discount to physicians.

Address.

HOLMAN PAD COMPANY, 744 Broadway, New York.

It will be observed in my printed matter to the general public, that I recommend *total abstinence from medicine*. My reasons, as will be patent to any physician of large practice, are, *that the public generally is prone to "doctoring" itself; and taking, in and out of season, incongruous and often dangerous drugs and patent medicines, the deleterious effects of which I am obliged to counteract, thus impeding my efforts to reduce the disease proper, because of the necessity of ridding the system of super-medication, if I may so term it.*

I particularly wish to say to my fellow practitioners, *that my external remedies can always be employed in connection with proper internal remedies intelligently administered by a skillful physician*. There is no case where a tonic treatment is indicated in which my remedies are not entirely apposite. I am always ready to give any information that may be desired regarding their operation.

Respectfully,

G. W. HOLMAN, M. D.

MISCELLANY.

RABIES. Some interesting facts regarding rabies have been ascertained by M. Galtier. Canine rabies is transmissible to the rabbit, which becomes a convenient and inoffensive means of testing the virulence or non-virulence of different fluids of the body of a rabid animal. He has availed himself of this to study the virulence of the secretion of the rabid dog, sheep, and rabbit. The rabies of the rabbit is transmissible to animals of its own species. He could not say whether the virus is as intense in the rabbit as in the dog. The predominant symptoms in the rabbit are paralysis and convulsions. The duration of life after the first manifestations of the disease, is from a few hours to one, two, three, and even four days after the disease has definitely declared itself. The period of incubation is shorter than in other animals, the average duration in twenty-five cases having been eighteen days. The administration of salicylic acid has no power to arrest the development of rabies in an inoculated animal. The saliva of a rabid dog, collected from the living animal and preserved in water, retains its virulence for twenty-four hours. Hence the water in a trough in which the rabid dog has allowed its saliva to fall in trying to drink, must be regarded as virulent, at least for this length of time. —*Lancet*.

DISINFECTION OF URINE. In the *Medical Annals*. Dr. E. C. Curtis states, hydrate of chloral has the property of disinfecting urine. In August last he received a specimen of urine, four ounces, containing five grains of chloral to the ounce. No special care was taken to facilitate its preservation. It has been simply corked, and has been several times opened. It is now perfectly transparent, of a clear amber odor. A slight semi-flocculent deposit covers the bottom of the vial. The chemical analysis is identical with the notes made when it was present: sp. gr. 1.015, acid, albumen one and a fourth. The preservation of the albumen is a marked test. On microscopic examination, the epithelial cells are as perfect as in recent urine. No casts were noted and none are now seen. The specimen seems to be quite the same as when freshly

voided, and is manifestly instructive and of considerable interest.—*Philadelphia Medical and Surgical Reporter*.

UNNA ON THE TREATMENT OF CICATRICES. Unna has found (abstract in *Viertelj. für Derm. und Syph.*, Heft 2 and 3, 1881, p. 499) the cicatrices of smallpox, and after ulceration, much improved in appearance by daily rubbing with fine sand. A small sponge soaked with soap lather, is dipped in the powder collected from the *debris* of marble, and is then steadily rubbed over the cicatrix. The resulting improvement is attributed to the stimulating effect of the mechanical irritation.—*London Medical Record*.

A DYSPEPTIC NURSE. Speaking of the character of the attendants of a sick person, Dr. Milner Fothergill says: "A pious widow, with dyspepsia and strong religious convictions, is a ghoul when illness is about. She sucks the life out of an invalid, like a moral vampire. As life ebbs she is sustained, and when the invalid has passed the portals of another world she goes away edified, strengthened and encouraged in her murderous mission, fully prepared to extinguish the lives of any number of relatives if ill luck should prostrate them upon the sick bed."

PROF. DRASCHE, of Vienna, in a lengthy article shows that many cases of severe neuralgia are caused by diabetes. These neuralgic affections are worse at night, and are usually symmetrical. He recommends morphia and quinine in large doses, with cold packs, and bathing; and a milk diet long continued, greatly improved the condition. The sugar first began to disappear and then the pains.—*Wien Med. Woch.*

DR. FREIBER who is said to have attended Byron in his last illness, and to have been the last survivor at Athens of those foreigners who took part in the Greek war for Independence, recently died in that city.

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HEALTH THE SUPREME LAW.

Power of the Human Body to Resist Disease.

BY ALEXANDER WILDER, M. D., NEWARK, N. J.

It often seems to be a general tendency to regard persons and objects on the darker side. Fault-finding is as prevalent as it is morbid. If a kind action is rendered, the spectator, or perhaps the recipient, is on the quest to imagine an unworthy motive. The leading professions find in the physical and moral defects of men their own reason for existing, and so exaggerate accordingly. The lawyer is prone to think of everybody as marked by some ulterior vitious impulse, as the policeman regards every unoffending individual as an undetected culprit. The religious person abounds with mournful complaints about the depravity of mankind. The tiller of the soil forbodes bad seasons, short crops and poor markets. Others, among whom perhaps I ought to include myself, are apprehensive of ill to the country and free institutions, the waning of public morality and regard for personal liberty, and often ponder over the question whether there will be a reaction in behalf of freedom and civil rights, or a steady sinking into abject servility and degradation. All are conscious of a disease in the body politic and are endeavoring to exempt them-

selves from its invasion, almost forgetting that oppression and destruction of one portion of our population will eat like a cancer to the sure perdition of all. We dread a meeting of Congress or Legislature as a new calamity threatening us, and a conference of railway magnates is considered as little better than a new conspiracy against property and private industry.

It is a stereotyped declaration that the world is becoming more and more wicked. There is a canker, we are told, in everything. Medical men take up the sad refrain and declare that the human body is itself a magazine of disease, and a receptacle of all manner of pestilence. Their talk is often distempered, their literature replete with loathsome and direful imagination. As the theologian constantly reminds us of inherent natural corruption, so the physician seeks to impress upon his auditors the tale of natural proneness to all manner of physical ailments, which only such as he is, are able to benefit.

Life itself is essentially a condition of health. Every function is a form of energy operating to a specific end. Every organ, every department and portion of our corporeal system is constitutionally impressed and thoroughly permeated with a potency and aim to do its utmost for self-preservation. Each has its own depository of power and uses it for its own growth, expansion and active manifestation by the discharge of its specific functions. The stomach, for example, with the solar nerves which inform it, has its own source of power, its building and recuperative apparatus, and is really an intelligent organ in its way, understanding its wants and able to make them known: in short, it does its own work with promptitude, ease and efficiency. What is true of the stomach in respect to individuality and vital characteristics is true likewise of every other organ and group of organs in the body. They all have their own way of doing their proper work, do it well when they are in good order, and fail only in proportion to their lack of sustaining energy. There is no arrangement for disease in their structure, no convenience for its accommodation, no provision indicates that it has any place in the general plan or economy. It is an accident, something aside from the whole scope and purpose of the organization. It may only be set down as a disturbance, as perversion of function.

an agency to twist and distort from legitimate ends in our being.

I am aware that the corollary to this involves the idea that remedial agents, generally are such incidentally, and are by no means so specific that others may not be found better suited and less abnormal. I cannot believe in medicines except as relative in their benefits, disturbing the order of the physical organism and tolerable only as they possibly abate a greater evil. The medical art can hardly be believed or expected to expedite the elaboration of power, or to augment its quantity at any given time. Nor can it secure a more efficient and advantageous distribution of the vital properties or forces than would be made by the physical economy, if left to an undisturbed administration of its own affair. It may supply certain wants and provide for certain conditions of an extrinsic character, but it cannot furnish vital resources or even profitably interfere any farther with the internal vital operations.

The polarising principle in every plant impels the stem to grow upward and the root downward. The organism of the human body operates according to an end as inflexible. When all the departments are in force there is good health, general and local. When there is a deficiency of energy the health of the part or parts must be impaired to the extent of that deficiency. In a sound state of the body, when all parts are duly charged with vitality, there may be a large diminution of force in one or more departments, without derangement of action. But when the supply of energy is reduced to what is barely sufficient for ordinary use, any further reduction must be followed by disorder. When any part has just enough energy for ordinary occasions, and it passes under circumstances which require more dynamic force to keep action to the standard of perfect health, then disturbance of functional action must ensue. This accounts for the occurring of disorders of various kinds in communities soon after sudden and great changes in the weather, and when persons have been exposed to severe vicissitudes of cold or heat. The energies of the body ward off all disorder and disturbance while in their integrity, and the evil comes solely from their impairment.

Samuel Thomson observed that the great majority of persons coming to him for treatment attributed the source of their dis-

orders to having taken cold. The practice which bears his name appears to have been based upon that idea. He propounded it as an axiom: "Heat is life and cold is death." Intelligently understood, that maxim is true. When heat or vital energy are abundant in the body, no pestilence or morbid agency can disturb it. Even wounds and lesions heal promptly, which in individuals less endowed, would be likely to work perniciously and even mortally.

I know of no prophylactic—I believe in none, therefore, except whatever promotes or exalts the tone of physical health. The *vis medicatrix naturæ*, the vital energy, corrects disorder, removes morbid and effete elements, and wards off invasion. Any endeavor to tinker with disease-creating agencies to avert a possible malady is the sheerest charlatanism.

There may be predisposition to disease on the part of individuals who are reduced so low in the scale of physical degeneracy that it will require but little more of debilitating agency to prostrate them. As the various departments of the organism are comparatively isolated from each other in regard to their sources of power, we often have separate organic derangement. One set of organs may maintain normal action while another falters. But the body as a whole has no suicidal tendency. It employs its energies and all its resources to repair every lesion, to replace every worn-out particle, to uphold every wearied organ. It never slacks in this till utter exhaustion has ensued. It bears patiently with abuses, permits excesses to pass unrebuked, makes up for everything till its reserve is no longer sufficient. The medical art is wise, and even divine, while it regards these facts: destructive when they are overlooked.

The expert physiologist will remind us that when a function or specific part of the organism is subjected to undue exertion, a larger supply of blood flows thither to enable it to bear the strain, and furnish material to resist future impairment. The palm of the hand and the sole of the foot are thus shielded by a callus, and the limbs which are most employed are enlarged in size and made more tenacious in muscular cohesion. The brain of the student enlarges, becomes more compact, firm of fibre and rapid in changes. Each special sense becomes quicker. Then, again,

provision is made by sleep for the general repair of every structure. Then wearied muscles are invigorated, irritated nerves are soothed, worn-out tissues repaired. Silently every torn or destroyed particle is removed and its place supplied by new material, fresh from the alimentary processes. Renovation is everywhere carried on; and only with reluctance is anything yielded to destructive metamorphosis.

So perfectly is this done, that external invasion is rendered impossible, except through a breach in the physiological defences. There must be fatigue in some form or other, some impairment of energy, or destructive encroachment is impossible. Peculiar atmospheric and telluric conditions are necessary to enable a pestilence to go forth on its mission of death. If these are changed, as they are certain to be by the recurring of the seasons, the epidemic will assume a new type, or disappear altogether. There must be a *nidus* or *matrix*, else no specific contagion can find a lodgment. All definable disorders require two parents, and one of them, at least, must exist in the body itself, by virtue of its incidental condition. When, therefore, the body is in actual health, not impaired by fasting or excess, inclemency of weather, or exhaustion, external causes of disorder, whatever they are, will be totally innocuous to it.

I do not question or doubt that there are means of recruiting the life-forces. Food, rest, the atmosphere, and doubtless other principles and essences which it is philosophical, though not "scientific" to acknowledge, contribute to this very purpose. The functions which we denominate *mental* are all of them essentially vivific and not destructive. The sea of intelligence about us—certainly so far as it exists in the individuals with whom we associate—is sustinent of life-forces, and ever increases them. The universe is maintained in existence by energy, and we are accordingly subsistent from it. Life is preserved not destroyed by it; and for every bacterial tribe that a microscopic imagination can devise or discover, there may be safely reckoned analogous and more powerful principles and essences having vital offices, to renovate, sustain and perpetuate. Above the clouds that curtain in human vision is a silvery radiance altogether the converse of the gloomy, the dark, the melancholic.

We perceive this from the qualities and conditions of the mind. When we despond, despair and mope, our vitality is depressed, and often death would easily supervene. But let joyous news, some exhilarating influence come to us, the cloud is lifted aside; new life animates us, and even the waning energy is restored. Many have come back from the door of death, have shaken off disease itself, have "trken a new lease of life," from being restored to joy, hopefulness and renewed interest in living. Whether we believe in it or sneer at it, every one of us is sustained by energy from "the inner man." The vital power which we possess is commensurate, more or less, with the influence of the interior will on the physical organism. Whatever energizes the will increases the vitality. The power of the body to resist disease is the outcome of the energy of the will. The timorous die; the wilful live long.

Much has been vaguely written about the power of the imagination. Most of it relates to the very extremest cases; such as cancer, rheumatism and dropsy disappearing from fear or strong emotion, or medicinal action obtained where a drug was only supposed to be administered. The references to such things generally betray sciolism in human knowledge. The idea of the drug is virtually the drug itself. Many of the virtues of medicine are planted in it by the belief of the physician or the confidence of the patient. Hence one man finds his remedies beneficial, when they fail with another or exhibit diverse properties; and the pharmacy of one century will not be adequate to the exigency of another. Imagination is not, however, a mere fabricator of fancies but a creator. It is the former of ideas, which are themselves the causes and sources of things as we witness them. The human imagination is the outflowing energy of the very persons own self-hood. That it should when active resist destructive agencies, or perhaps create them, is not a wonder. It is the mind itself which is thus all-potent, and the mind is the senior, the lord, the sustainer of the body. The power incident in the latter to resist disease and destructive agencies is therefore from the will, the mind, the interior principle; and has its source identical with that. This will be plain enough to all who are able and willing to perceive and cognize the actuality of thought, emotion and will.

I could quote numerous authorities in confirmation of these declarations. Pereira has said; "Affections of the mind, by their influence over the corporal functions, favor or oppose the action of morbid causes, and modify the progress of diseases. The methodical application of them constitutes the *psychical method of cure*." Unzer remarks: "The expectation of the action of a remedy often causes us to experience its operation beforehand." Muller, the physiologist, is equally expressive: "It may be stated as a general fact, that any state of the body, which is conceived to be approaching, and which is expected with confidence and certainty of its occurrence, will be very prone to ensue as the mere result of that idea, * * * if it do not lie beyond the bounds of possibility."

This, often with a sneer, is denominated *faith*, and treated as though it was opposed to science. Yet I see no good reason for this. If faith is the substratum of things hoped for and the *elenchos* or convincing demonstration of things not seen, it is a superior faculty of our being. "By science" says J. J. Murphy, "we understand many things which are apparently contradicted by sight; such as, to mention the most obvious instance, the motion of the earth. Both science and faith are opposed to merely sensible perception, as transcending it; but as science transcends sensible perception, so faith transcends science." I leave it there. Human society cannot exist a day without faith; nor human life itself. It is the cementing element which holds all in place; and needs no other logic to show that it is the element of physical as well as moral energy, immanent and not transient.

We are brought by our argument to these conclusions: That it is incident and inherent in the body when in integrity to resist encroachment and distemper. That this integrity depends as well, if not primarily, on a wholesome condition of the mind as on physical soundness. That the will, imagination, faith, moral energy, may be set down as the ulterior source of this soundness and integrity. A wholesome moral condition is therefore vital to the entire physical structure; and after all due allowance for external circumstances and phenomena, we must consider the health, the life, the essential being, as being not only the converse

of sickness, but its actual prophylactic. It is the merry heart, the upright purpose, the energetic will that doeth good like a medicine, establishing soundness in the bones. That province of mind, which it is fashionable to denominate Unconscious, is the source of all things beneficial, and affords us our most efficient means of protection against pestilence and every species of physical distemper.

A CLINICAL LECTURE ON ACUTE ALBUMINURIA

BY A LATE POST-GRADUATE LECTURER IN NEW YORK CITY.

Gentlemen:

THE first case presented for our consideration, this morning, is one of peculiar interest, by reason of its nature and complications. Mrs. McA., æt 42, native, has been suffering for the past week with asthma, to attacks of which she has been subject from childhood. About a week ago, while suffering from nettle-rash, to obtain relief, she bathed herself in cold water, at the time being very warm and perspiring freely. During the ensuing night she slept very little, her breathing being difficult, and having pains in the back with heaviness about the head. The following day she found more or less swelling of the extremities and face, the back symptoms increased, urine scanty, no perspiration, and continued difficult breathing; says she has been tired and exhausted, and getting worse ever since she took the bath.

On examination, you notice that there is not only much œdema with *difficult* pitting on pressure of the lower extremities, but of the upper, particularly the left, and more or less of the general surface, especially of the chest, neck and face.

There is in addition, an effusion in the peritoneal cavity, and the same, to some extent, in the pleural, both serving to obstruct respiration, in addition to the asthma. The action of the heart is labored, otherwise normal. She passes, as near as can be ascertained, not more than six or eight ounces of urine in twenty-four hours; though micturition is frequent, the quantity voided is small. A specimen of the urine we have here for examination. You see that it is pale, almost colorless. Specific gravity, as

indicated by the urinometer, 1015. On boiling it you observe there is a white precipitate of about one-eighth by volume. This precipitate which is not dissolved, on the addition of an excess of nitric acid, is *coagulated albumen*. My friend Dr. Yale will exhibit to you a specimen of the urine under the microscope; in this you will see quite a number of tube-casts, granular, and more or less broken up, varying in size, though the majority are quite large, much larger than are usually seen. Also in the field you will observe a number of kidney epithelia and blood corpuscles.

We have then, gentlemen, in this case a combination of diseases; that is to say, we have dropsical effusions in the cellular tissues that might be denominated anasarca—of the pleural cavity, that might be diagnosed hydrothorax—in the peritoneal cavity, ascites. The character of the respiration and emphysematous condition of the lungs indicate asthma. The chemical tests and microscopical examination of the urine, prove unmistakably that we have a case of *acute albuminuria*, or a form of Bright's disease of the kidney. It is to this last that we will direct our special attention, as it is upon a correct understanding of the pathological conditions existing, that our success in treatment must depend.

The attention of the profession was called to this disease first by Bright, of London, in 1827, since which time it has borne his name. We meet with the disease existing in two distinct forms, as acute and chronic, and have also the acute supervening on the chronic.

The *symptoms* of *acute albuminuria* resemble ordinary inflammation of the kidney in the frequent desire to void urine. Micturition painful, sometimes difficult, in many cases passing in drops, diminished in quantity, containing albumen, in some instances almost to a gelatinous consistency. The urine froths on shaking (as this does), is clear, may be colored amber or varying in shades to a blood-red, even containing blood. It is sometimes turbid, from containing oily matter or mucous.

The albumen in some cases amounting to as much as 25 to 30 parts per thousand by weight, but is generally about 10 to 20. By aid of the microscope, which is invaluable in all diseases where the kidneys are involved, we find floating in the urine tube-

casts and epithelia, or cylinders of fibrin, or blood, or epithelial desquamation, moulded into shape by the tubuli uriniferi and thrown out with the kidney excretion. The specific gravity is generally normal, or a little below, the salines always diminished in quantity.

Where the *chronic form supervenes* on the *acute*, we have but a complicated continuation of less violent symptoms, resulting in serous effusions in the tissues with organic degeneration of the kidneys, and the concomitants of a broken down constitution.

In that form of the disease generally denominated *chronic*, its incursion is much more stealthy, and the symptoms very much obscured; in this form, too, months and even years may elapse before much effect is produced on the general health. When it begins to affect the constitution, the patient grows gradually weak, digestion becomes deranged, has frequent desire to micturate, with coming and going pain in the lumbar region, particularly in the region of the kidneys. The quantity of urine diminishes, but as no special emergency seems to demand medical aid, little or no attention is given to the symptoms until the face, extremities or some other or all of the surface of the body becomes swollen, when dropsy is suspected, and the physician consulted. At this stage we find, in addition to the œdema, generally, though not always, tenderness of the kidneys and the quantity as well as the density of the urine, diminished; the skin presents a dry, bloodless appearance, gastro-intestinal disturbances indicated by nausea or vomiting, thirst inordinate, a feeling of languor, lassitude and drowsiness. The dryness and dusky hue of the surface increases almost to a purple, especially along the dorsal region, where tactile sense is obtunded. At this stage, slight exposure to cold brings up an acute attack, fever ensues and all the symptoms presented in the acute form may follow and subside again, leaving the patient suffering from the previously existing chronic disease. In this condition the patient is particularly susceptible to the incursion of other diseases of an inflammatory nature, acute or chronic, especially of the viscera, as of pneumonia, pleurisy, pericarditis, bronchitis, violent and fatal dysentery, exhaustive diarrhœa or organic disease of the heart, liver and spleen, or rapidly fatal peritonitis. Again, the patient may pass off with

coma or apoplexy, as is the tendency also in the acute form of the disease.

As we shall see in the pathology, the *cause* of this disease may be set down as *suppressed cutaneous secretion during obstructed respiration*. Enumerated among the leading causes, are pressure on the diaphragm by a gravid uterus or abdominal tumours, phthisis pulmonalis, asthma (as in this case), œdema glottis, congestion, and other diseases obstructing or interfering with the proper arterialization of the blood. The peculiar state of the blood in scarlet fever, measles, pyæmia or septicæmia, or the passive congestions of typhoid diseases, are also regarded as causes. Changes in the blood from breathing an atmosphere deficient in oxygen, or containing oxygen more or less devitalized from want of proper circulation in the proper atmospheric gasses, or from being deprived of its ozone or atmospheric electricity by the affinity of the ozone for such agents as attract and appropriate it. This we find occurring in the vicinity of decaying walls of houses, the feathers of feather beds on which some asthmatics can not sleep, or in some localities where substances are undergoing oxydation at the expense of the ozone of the atmosphere. Where any of these conditions exist and a suppressed cutaneous secretion supervenes, the kidneys are made to bear the burden, which, if continued or exaggerated, bring up the phenomena of Bright's disease.

Then, when we inquire into the pathology of the disease, we find that it arises in the double effects following suppression of the cutaneous functions and obstructed respiration. These effects are: 1st. The general disturbed respiration interfering with the proper arterialization of the blood, results in a greater or less degree in the non-oxydation of the nitrogenous materials or albumenoids of the liquor sanguinis; as a consequence of this, the production of urea is diminished on the one hand, while albumen is eliminated on the other. The sulphates are also diminished in albuminuria, from the non-combustion of the albumenoids, to which reference has just been made. 2nd. In health, about one-half of the fluids are eliminated through the cutaneous surface, whilst the other half is passed off as a kidney excretion. The sudden suppression of cutaneous action entails a double duty

upon the kidneys. The non-oxydation of the nitrogenous material leaves in the blood, albumen not appropriated, hence it must be forced out through the thin walls of the kidney capillaries—the more fluid portions that should have been passed off through cutaneous exhalents, being effused into the cellular tissues or into the serous cavities, as we find in the case before us—a general œdematous condition of the surface of the body, together with hydrothorax and ascites. 3d. These mechanical obstructions—albumen in the blood and checked cutaneous action—create a congested condition of the peripheral circulation in the capillaries, resulting in excessive engorgement of the thin-walled vessels of the kidneys, and the diminution of the quantity of urine excreted. Hence, by increased irritation from the forced elimination of albumen, there is set up organic disease in the tubules. at the same time desquamation of their epithelia and the discharge of tube-casts, as exhibited to you under the microscope. Another sequence of these mechanical obstructions, is an increased pressure on the heart, producing, if long continued, dilation or hypertrophy of the ventricles. At the same time, the system suffers serious changes in nutrition, from want of assimilation of the food elements or albumenoids, that should have been consumed for growth and repair of tissue; this, together with the non-elimination of effete matter, will readily account for the symptoms of unrest and general disturbance of the brain and nervous system. Should the nitrogenous elements existing in the blood as albumen undergo rapid combustion, resulting in the production of urea during the suppression of cutaneous and kidney excretion, we must expect to find, as the legitimate result, symptoms of uræmia terminating in fatal coma.

In the treatment, gentlemen, we must be governed in our use of therapeutic agents by the pathological conditions existing. The first thing, then, to be accomplished is to re-establish cutaneous action, and to do this we have no better means than the vapor bath, which can be obtained, in the absence of more convenient apparatus, by pouring water on hot bricks and covering the body with blankets, allowing the vapor from the bricks to pass beneath the covering until the skin is relaxed and free perspiration induced, or the same object may be accomplished by the use of tepid saline baths.

The next indication to be fulfilled is to remove the obstructions to respiration, or produce the proper arterialization of the blood. For this purpose the inhalation of pure oxygen gas, did we have it at command, would seem to be specially indicated. In the absence of this, we must resort to other means to accomplish the same end; that is, relieve the spasmodic constriction of the air passages, and thereby admit a greater amount of pure air. With this idea, we shall administer to this patient *spirits of chloroform by the stomach*, combined with tr. opii camph. as a nerve stimulant and expectorant. Another indication to fulfil is to aid the heart by cardiac stimulants, to overcome the obstruction in the capillaries. For this purpose we use digitalis, which fills a double indication of strengthening the heart's action and promoting the kidney excretion.

While we are directing our attention to the accomplishment of these objects, we must also take into consideration the vitiated condition of the blood—give tone to its corpuscles—at the same time guarding against the rapid production of urea, to avoid which we must shun all agents tending to the rapid oxydation of the nitrogenous elements or albumenoids existing in the liquor sanguinis, until we have re-established the secretions. We therefore resort to the use of tr. ferri chlor. to build up the red corpuscles, and by the vital chemical action and stimulating effects on the nervous system, of the chlorine, and in the assimilation and elimination of the albumenoids, without producing urea too rapidly. Together with these we give iodine (if the stomach will bear it), in the form of potas. iod., to promote absorption. When the normal respiration and cutaneous action have been fairly established, through the use of these remedies, we may aid in the removal of the effusion, by the diuretic and hydragogue action of potas. bitart., freely diluted and given *ad lib.*

We therefore order for our patient—first, vapor baths twice a day; secondly, spirits of chloroform f ʒ ss., and tr. opii camph. f ʒ iss. every two or three hours, until the asthmatic symptoms are overcome, and then as often as occasion may require to keep them under control; thirdly, tr. ferri chloridi, gtt. 25, tr. digitalis, gtt. 10, potas. iod., gr. 5, three times a day.

[NOTE.—June 1st, 1881. Cutaneous action thoroughly re-es-

tablished; the œdema rapidly disappearing; respiration free and easy; the quantity of urine began to increase soon after commencing treatment, and has gradually increased to now more than normal; the patient is every way more comfortable. In consequence of the iodide of potassium disagreeing with the stomach, it was omitted; otherwise the treatment was continued.

June 6th. Œdema of the extremities and surfaces has entirely disappeared; the effusion in the pleural and peritoneal cavities very much diminished; has had no more symptoms of asthma; complains only of weakness, and bids fair to make a rapid recovery.

July 15th. Patient has entirely recovered, and able to attend to her household duties.]

A FOREIGN BODY IN THE BRONCHI.

BY J. S. ANDREWS, M. D., TAUNTON, MASS.

ON February 18th, 1882, Mr. James Henry Smith, of this city, by occupation a jeweler, consulted me about his lungs, which he feared were seriously affected. An examination by percussion disclosed no cause of alarm in the substance of these organs, but at the bifuscation of the bronchi there was clearly a source of irritation accompanied by a short convulsive cough. Ordered a stimulating expectorant and advised care about exposure until the irritation had subsided. At this time he informed me that he had several teeth extracted two days before; had taken nitrous oxide gas and did not know but that had affected his lungs unfavorably.

On the 20th, his lungs were carefully examined by Dr. Frank A. Hubbard, by auscultation, and my diagnosis was confirmed. He continued to superintend his manufactory in Attleboro until the 22nd, when he yielded to the increasing cough and dispnœa, and Dr. Charles F. Hubbard, the physician of the family, was called, who pronounced the case one of acute pneumonia, involving both lungs.

April 8th, Dr. Hubbard invited me to consult with him concerning this case; and then I learned from him, that two weeks before, during a violent paroxysm of coughing he expelled, with

a quantity of muco-pus, the half of a molar tooth. This was corroborated by the patient and his wife, who showed me the tooth, which could not be found at the time of its extraction.

After the removal of this cause of offence from the lung or bronchial passage where it had lodged so long, there was a subsidence of the cough; but very little improvement otherwise. The pulse remained one hundred and upwards, and there was wasting of flesh and strength, notwithstanding generous nourishment and stimulants. The left lung had regained the normal rale, but the superior portion of the right, was dull and evidently impervious to air, though crepitation was apparent below it. This was the condition in which I found him. The next day we found his symptoms improved; he had slept better than during his sickness, and seemed refreshed by it, and the pulse was reduced to ninety. The third and fourth days exhibited still more favorable indications; the fever had subsided, pulse nearly normal, temperature natural, appetite returned, and he ate and relished solid food, and what seemed most encouraging, the small quantity of sputa raised, indicated no disintegration of the lung tissue. The area of dullness appeared more circumscribed, giving reasonable expectation that the obstruction might be removed by expectoration or interstitial absorption. Several bilious discharges on the fifth day, produced a temporary weakness, and some fetor in the breath was noticed.

On April 13th, the sixth day since I was called to consult with Dr. H., he appeared in unusual spirits, conversed with friends who called, began to lay plans for future recreation, read the daily paper, and was expecting a speedy restoration, when towards night, he had a terrible paroxysm of coughing and strangling, raising, in perhaps twenty minutes, half a pint of putrid matter, filling the house with its offensive odor. I saw him in less than half an hour, but he was now pulseless, livid and asphyxiated. The excessive quantity expectorated, led Dr. Hubbard to infer that the abscess was formed in the pleural sac and escaped through the trachea;—but the character of the substance raised, the sudden overflow of pus, completely filling the air passages, and of course excluding the atmosphere,—inclines me to the opinion that the tooth passed into the lung as far as

the diameter of the bronchial tube permitted, and became the nucleus of inflammation, infiltration and ulceration. The decay of the mucous lining set free the tooth, which was expectorated, and later on the solidified mass below it became liquified and finally burst into the bronchi.

Of course this is theoretical, for there was no *post mortem* to prove or disprove it. In this case, as in many others, science must give place to sorrow.

The opinion of Dr. Hubbard, based on the quantity discharged, may be the right one, but it is difficult to measure an abscess in the lungs by the quantity expectorated, for permeated with the carbonic acid it meets with, and diluted with fluid from the mucous surfaces, and farther mingled with saliva, it fills a much larger space than in the confined sac.

This case assumes importance, not only from its connection with the death of a much esteemed citizen, but in pointing out a danger attending the use of anæsthetics in dental operations; proving that the involuntary muscles or sensory nerves are temporarily paralysed under their influence, and rendered incapable of guarding the gateway of life.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.
(AMERICAN AND FOREIGN.)

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

TWENTY-SECOND ANNUAL CONVENTION, HELD IN BOSTON,
JUNE 1ST AND 2ND, 1882.

(Special Report for the Journal.)

THE Twenty-Second Annual Session of this society was held in the parlors of the Revere House, convening June 1st, at 10.30 A. M. Pres. Nathaniel Jewett, M. D., in the chair.

He welcomed the members, and delegates from adjoining states, and, as directed by rule, called attention to such matters as he judged should be considered, and appointed the usual committee to nominate officers for the ensuing year. The following named gentlemen were nominated, and duly elected:

President, Dr. J. D. Young, of Lawrence; Vice-President, Dr. G. H. Merkel, of Boston; Corresponding Secretary, Dr. A. Jewett, of Hubbardston; Recording Secretary, Dr. A. L. Chase, of Randolph; Treasurer, Dr. F. L. Gerald, of Hyde Park; Librarian, Dr. S. C. Ames, of Boston; Councillors, Drs. E. E. Spencer, R. A. Reid, J. Jackson, P. E. Howes and J. Perrins.

On assuming the chair, the president elect briefly expressed his thanks for the honor conferred, and congratulated the society upon its very prosperous condition. Constant accessions to the membership were being made, and there seemed to be a general good feeling among the members, together with a more perfect harmony and unity of action. Healthful signs, he thought, and indicative of future usefulness.

Dr. C. E. Miles reported the changes effected in the management of the *Massachusetts Eclectic Medical Journal*. He gave the new departure his most cordial and hearty endorsement, and strongly recommended it, and its claims, to the Society. There was no reason, he said, why a good journal should not be sustained; there were gentlemen enough in the Society, who could, if so disposed, contribute much to its success, and on the other hand, he thought it would be a matter of reproach if it was allowed to languish.

Dr. A. L. Chase read a paper upon

ELECTRICITY IN MEDICINE.

Although discovered about the year 1786, it had only been employed in medicine for about forty years, to any extent, but he believed it was steadily gaining ground, and growing in favor, as a remedial agent, both in this country and in Europe. Its use was often a most valuable aid in the diagnosis of obscure diseases, but perhaps its greatest value lay in restoring lost nerve force, or in maintaining the nutrition of muscles temporarily paralyzed. Its use was admissible in most diseases involving directly the nervous system, but he uttered a caution against its employment of too great strength. He believed that investigation would show it, in the near future, to be one of the greatest alleviators of human suffering, as it now is one of the greatest conductors of human intelligence. The paper called forth considerable com-

ment by the members present, several desiring information concerning the details of its application.

Prof. Winterburn, a delegate from the New York Society, addressed the meeting by invitation. After delivering the message of greeting and good fellowship sent by the sister society, he spoke of the pleasant relations that had for several years existed in New York city, between most of the members of the so called "regular" society, and the eclectics. The barriers had long since been broken down, progressive men met freely, and only the pleasantest intercourse, professional and social, existed between them, as a rule. Whether or no this condition of things extended also to the followers of homœopathy, he was unable to say, but thought not, to the same extent. The New York Society was in a most flourishing condition. At a recent meeting the attendance was larger than before, and reports from all but two auxiliaries, were of the most encouraging nature. The college which he represented was also meeting with great success.

On reassembling at 2.30 P. M., a paper was presented by Dr. P. E. Howes, of Boston, on the "Practice of Obstetrics." He alluded to the all importance of the subject, and said that in fact, there was no department of medicine, that required a more perfect knowledge of, or closer attention to, details. No two cases were exactly alike, and the only surety of success was a thorough knowledge of details. He briefly reviewed some of the special features of the subject, and in this connection alluded to Pulsatilla, as a most useful remedy.

Dr. Miles endorsed the use of Pulsatilla, in the case alluded to by the essayist. It was not a sovereign remedy, but a good one. The duty of the physician to the patient, in very many cases, was not limited to the parturient chamber, and in some cases begun almost at date of conception. In many such cases the pregnant condition, being attended with great fear, nervousness and depression, he had prescribed the Pulsatilla with very happy effect. Also in cases of nervous prostration, and particularly when associated with the menopause, he had used it with marked benefit.

Prof. Winterburn referred to the use of this agent in cases of faulty position, in which the original position, had been altered by the irregular contractions. In many such cases this remedy.

by relieving the irregularity, restored the position. It was, however, not a remedy to be trifled with, and a fatal attempt to induce abortion, by the administration of three-drop doses every three hours was cited.

In the same connection, Dr. Perrins said he had found *Gelsemium*, *the* remedy for false pains, and prescribed it with the utmost confidence. This internally, with alcohol applied externally, he regarded as a sovereign remedy for the "backache" which sometimes so distresses the parturient woman. He also alluded to the forceps—the use of which, he thought, should be taught in all our colleges upon the cadaver, as is anatomy. He called attention to the placing of the placenta in hot water, in cases of suspended animation, in newly born children. It had been recommended by some foreign authority, and in the few cases in which he had had an opportunity to try it, it had seemed to produce astonishing results.

Dr. Chase spoke of the necessity of long continued efforts to resuscitate, and he instanced a case, in which after keeping up artificial respiration etc., for fully a half hour, with no perceptible effects, he laid it aside as beyond all hope, when the child was observed to gasp; on resuming the attempt, it at once revived.

Dr. Allen, of Randolph, said he had found a very simple, yet effectual means in such cases, when the placenta had not become detached, was to direct the mother to respire rapidly, thereby accelerating her circulation.

Dr. Miles described a case, in which the os being dilated, but the labor delayed—the forceps were applied, when the os at once took on a sudden rigidity, preventing all progress. The forceps were retained in position some hours, before the rigidity would yield. In a second case, he observed the same occurring under ether, as soon as the forceps were applied.

Prof. Marston, of the Maine Medical College, present as a delegate from the society of that state, spoke of the hopeful condition in regard to college and general interests. Both were in a much more flourishing condition than at any former time. The indications were, that the number of matriculants for the coming session would be double the number of any former.

The convention was called to order on June 2nd, at 10.30 A. M.

by President Young, in the presence of about one hundred members. The Treasurer's report was read and accepted. It showed the Society to be in a sound financial condition. Dr. Gleason, of Townsend, brought a patient before the meeting, presenting a somewhat peculiar history, and symptoms. Drs. Bailey, Towne, and Geddes were appointed a committee to examine and report upon the case. Dr. F. L. Gerald read a paper upon

HUMAN TEMPERAMENTS.

They were almost as varied and numerous, he said, as individuals themselves. He defined the general heads under which they were classed, and detailed the peculiarities and characteristics of each. They are not confined to man, but extend also to the vegetable kingdom. The subject has been regarded as an important one by all ages and schools.

Dr. B. S. Warren, of Concord, N. H., requested and was granted permission to withdraw, his reasons for so doing, being deemed sufficient. The application for membership of Dr. J. A. Rochette, of Lewiston, Maine, was favorably reported upon by the committee, and he was duly elected a member.

Dr. R. A. Reid presented a paper upon

TRICHINOSIS,

which was illustrated by some microscopical specimens showing the trichinæ, taken from a patient who died in the hospital at Vienna, about eighteen months since. He gave the history of the disease, from the discovery about fifty years ago, of the parasites in the muscles of man, often giving to them a sanded appearance when viewed after death, down to the year 1860, when our knowledge and interest in the subject, received a great impulse, by events that transpired in Dresden, and facts ascertained and recorded in connection therewith. The true physiological history of the worm, was he said, in brief, as follows: when the muscular flesh of pork (the pig being the only animal used for food liable to the disease,) containing the encysted parasite, is eaten in a raw or partly cooked state, the cysts and muscular tissue, are digested in the stomach, but the worm retaining its vitality, passes into the intestine, the cavity of the duodenum, abounding

in free trichinæ, after twenty-four hours. Here they lose their spiral form, and by the fourth day arrive at maturity, being then from 1-9 to 1-7 inch long. The sexual organs, before rudimentary, are now fully developed, and copulation takes place, the two sexes having often been detected in intercourse within the intestine of the rabbit. After a week each female brings forth young, in numbers variously estimated from 400 to 1000, the animal being viviparous, and these young begin to migrate, and pierce the intestinal walls, finally taking up their abode in the voluntary muscles, where they become encysted, as were their parents before them. The constitutional disturbance may be readily understood, he said, if we remember, that a single half pound of pork, may contain trichinæ enough to give birth in a few days to a brood of thirty millions.

Dr. Milbrey Green presented an able essay, upon "Sanitary Medicine," which elicited a general discussion. He spoke of the growing interest both in the profession and among the laity, and referred to good work done by the National Eclectic Association, within a few years past, in this important field. For certain reasons, our reporter was unable to obtain a satisfactory report of this paper, but we have the promise of it, for publication next month. Dr. C. Lloyd, thought the subject an important one, and one that the physician should understand, but still one that should be left to the care of boards of health, and sanitary commissions. Dr. Gerald, a member of the board of health of Hyde Park, objected to this. Physicians were often called to act on such boards, and in any case, it was his highest duty to prevent illness and suffering, as in many cases might certainly be done, by sanitary measures. A little patient, for whose recovery he entertained but little hope, had been on his heart all the day, and he did not in the least doubt, but that the source of the disease would be found in a defective sewer. Dr. Merkel cited a case which occurred on Northfield Street, this city, where a mother, seven children, and a servant, were all stricken down with diphtheria, and several deaths occurred. It was fairly attributable to excavations going on, in the adjoining street, whereby the atmosphere was tainted with sewerage and other decomposing matter. Dr. Miles said he was in hearty accord with the spirit of the

essay. The importance to be attached to sanitary science, could not well be over estimated, and the good results from work done, under its teaching, were manifest everywhere. To the medical profession, we must look to see a proper knowledge inculcated; and a public sentiment aroused, upon the subject. He was pleased to know, that this society was thoroughly alive, to this matter, and in no other way, he said, had the National Association, done better work, than for the cause of Sanitary Science. He was proud to say, that to our own Dr. Milbrey Green, was all honor due, for the work he did, and the enthusiasm he awakened, in this subject, during his presidency of the National Association. True, it is the office of the physician to treat and relieve disease, but never does he serve his patron better, or more certainly secure his good will and confidence, than when he prevents the malady from entering his door. It is the glory of our profession, that not all its followers, treat the sick for mere love of gain—there are many, very many, whose highest aim is to prevent suffering, and preserve the health of those they would serve.

The following gentlemen were appointed delegates to the National Association, at New Haven: Drs. N. Jewett, P. E. Howes, R. A. Reid, A. W. Forbush, J. P. Bills, J. A. Tabor, G. H. Hutchings, C. Lloyd, A. L. Chase, W. H. A. Young, J. G. Johnson, H. F. Gleason, S. C. Ames, H. G. Newton and J. M. Aldrich.

Dr. John Perrins, orator of the day, gave a very able address upon the subject of "Medical Legislation." The topic was discussed in all its varied aspects, in a most thorough and interesting manner, and received the undivided attention of all present. We regret that we are not able to give a detailed report of it, but as it is to appear in the yearly "Transactions," it would hardly be proper, we suppose, to anticipate that. The annual dinner which followed was very enjoyable, many of the sentiments and responses being exceedingly good. Of several of the essays we have been able to give but brief extracts, but we hope to give them *in extenso* from time to time.

*BOSTON ECLECTIC GYNÆCOLOGICAL AND
OBSTETRICAL SOCIETY.*

STATED MEETING, MAY 23, 1882.

John Perrins, M. D., Vice-President, in the Chair.

H. G. Barrows, M. D., Secretary.

AFTER the transaction of the usual routine business, and the appointment of Drs. Merkel and Miles as delegates to the National Association, Dr. R. A. Reid, read by appointment, a paper on

ANÆSTHETICS IN LABOR.

He said that from time almost immemorial we read of attempts being made to produce insensibility, or indifference to pain. More than fifteen hundred years ago, the Chinese inhaled a preparation of Cannabis Indica, for that purpose. He reviewed briefly the history of anæsthesia down to the year 1846, when the power of ether to annul the pain of a surgical operation was demonstrated at the Massachusetts General Hospital. The name of our city, in connection with this event, was known, he said, to those dwelling on the Danube, or bordering on the Caspian Sea; throughout the civilized world, and wherever in those regions called barbarous, the pioneers of civilization had penetrated, in Japan, in China, in the islands of the sea, the power to produce anæsthesia by ether was acknowledged and blessed; to anæsthetics the race owed the blessing that no pain followed the surgeon's knife into any living tissue; that the accoucheur could alleviate or abolish the agonies of travail, and at the word of the physician, sleep could be procured in spite of any agony or torture. Is the use of anæsthetics in labor to be recommended? To this inquiry he replied, that most decidedly it was. In surgical practice in these days, it would be regarded as cruel and inhuman, if not indeed criminal, to undertake an operation entailing great suffering, without the previous induction of anæsthesia. "To what will you liken," says Meigs, "the pains of parturition? There is no name for them, other than *agony*, the intensity of which none of us males can ever appreciate." In behalf, therefore, of those whose sufferings in the imperfect or abnormal performance of their peculiar function, were far more agonizing than we as men could possibly realize—he would claim the same propriety—nay, the same necessity—for the use of anæsthetics in labor, as was acknowledged in other and general practice. He was aware of the many arguments urged against their use, many of which were on the face of them most absurd. It had been asserted that their use was hazardous to life. He replied no more hazardous

than many other measures, acknowledged to be not only justifiable, but absolutely necessary—not so much so, as some; and farther, their use was often less hazardous than their absence. It had been said that their use tended to develop immoralities alike in patient and physician—no more so than any other stimulant or narcotic, he replied. It was unnecessary to abrogate pain—a natural phenomenon, it was claimed. He replied, that pain is of itself an evil, and depresses the vital forces; that a painless labor was almost never seen; that delays are here always dangerous to mother or child, and to abridge the average duration of labor was to save thousands of lives, now sacrificed.

The most absurd objection of all was, that to annul the pain incident to labor, was controversial to Scripture—and that “a great iniquity” was being perpetrated in relieving women from the divine curse, “*in dolore paries.*” This applied as well to the whole domain of medicine and surgery, as to obstetrics, and he was conscious of a feeling, partly of amusement, and partly of humiliation, when he regarded the theological tone that the controversy had at times assumed. The strongest objection brought forward, was that their use predisposed to post partem hemorrhage. There was no sort of doubt of this, where the agent used was an improper one, or unskilfully administered. He did not hesitate, however, to assert that under proper conditions, no such fear need be entertained, and it would be seen that, properly used, they increased the force and efficiency of uterine contractions, and thereby lessened the liability to hemorrhage, and other sequelæ. On the other hand, decided advantages were to be derived from their use. They gave to the patient relief from the pain always incident to labor, preserving her vital forces unimpaired, and to the accoucheur, increased facilities for action, by freedom from muscular contraction, or disturbing elements, emotional or intellectual. Many cases of doubt could be more correctly solved; rigidity was relieved, the os and vaginal canal dilated, and inertia and hemorrhage prevented.

That worst complication of labor—puerperal eclampsia—was held in abeyance when threatened, and its violence abated when present, and when chloroform, the agent generally used, failed to arrest the convulsion, we might infer from its action upon the muscles of the mouth, throat and larynx, that it materially diminished the danger of suffocation, during the tonic spasm. He had not the time, nor was it the place, to discuss the comparative merits of ether and chloroform, but he made the firm assertion that in labor chloroform only should be used. Many deaths from it had occurred in general practice, while recently compiled statistics showed, that from ether, only one death in 23,204 administrations had been noted.

In surgical or general medical practice therefore, ether alone should be employed, but in midwifery it was quite different. As in certain depressed conditions, bordering upon collapse, the system acquired a marvellous tolerance of alcoholics, large doses failing to produce their usual cerebral effects, even in children, so in labor, and at certain periods of life, chloroform lost its usual character. Thus Garrod proves by figures, "to infants, to old people, and to women in childbirth," it is much the safer of the two, in fact is without danger, not a single case being on record, of the tens of thousands of obstetrical cases in which it has been used, in which a fatal result can be fairly attributed to its influence. With allegations to the contrary, he was familiar, but on investigation, the fatal result, in the cases upon which they were based, have been shown to have directly depended,—not on chloroform—but on the impurity of the article used, its unskilful administration, or the presence of some previously existing disease, that must of itself have produced death. Chloroform did not, as did ether sometimes, prevent the recurrence of pains, and thus retard or arrest the labor. It regulated the uterine contractions when inconstant, and enhanced their effect. Except in instrumental labors, it was never necessary to produce complete insensibility, a few breaths, often a single one, sufficing to annul sensation. He regarded it as the office, nay more the duty, of the physician, to alleviate pain when he could do so with safety, and in his opinion, he who did not do so in labor, by the use of chloroform, failed to avail himself of an invaluable aid, and deprived his patient, of one of the greatest boons ever given to mankind, to women certainly, for properly used, a few drops on a handkerchief, held a little distance from the mouth, on the approach of a pain, and withdrawn as soon as it began to subside, it could never do harm. Thus used it allayed pain, and assuaged nervous irritability, and in the hands of the skilful practitioner, was a power for good, and never for evil.

Dr. Green said that in the main he was in perfect accord with the spirit of the essay and shared in the opinions advanced. He wished however to correct one statement made, and that was the one awarding the honor of first demonstrating the power of ether to annul the pain of an operation, to Dr. Morton. It belonged without doubt, to Dr. Long, of Georgia, and Congress had publicly recognized his claim to the honor, and it was generally admitted, except perhaps in this immediate vicinity. In a paper read before the State Society, in 1868, upon the same subject, he gave a synopsis of statistics, obtained from the principal lying-in hospitals, and the private practice of the most eminent obstetricians, of this country and Europe, which clearly demonstrated

the inestimable value of these agents judiciously used in labor. Similar reports, collated during the past fourteen years, not only reaffirmed the statements then made, but showed more clearly, their great value. Every untoward result, that had followed their use in labor, had come from carelessness, or a want of skill, he therefore advised caution. Prior to 1876, he always used chloroform, since that time ether, with a few exceptions. Had never met with any ill effects from the former, but in this vicinity there was so strong a popular prejudice against it, (Dr. Morton's former home.—*Ed.*) that he had abandoned it for ether. In connection with the religious aspect of the question, he alluded to the manner in which he was once taken to task by an old practitioner, on that very ground. He thought either agent alone, better than the two combined. He also read some extracts bearing upon the medico-legal aspect of the subject.

Dr. C. E. Miles inquired if the essayist would administer an anæsthetic in every case of labor? Dr. Reid replied, that he was governed by the same rule in labor, as in surgery; where the operation was a trivial one, and the pain slight, or but momentary, he advised courage, and so in midwifery when the pains caused no great amount of suffering, he did not give chloroform; it was not dangerous, but he deemed it, in such cases, unnecessary. Such cases were, however, comparatively rare. Dr. Miles then proceeded to say, that he had used the anæsthetics in his obstetrical practice for the past twenty years. If any given case, however, was progressing well in the totality of its phenomena, he abstained from anæsthetics, and all other meddlesomeness. But if there was rigidity of the os, which was not relieved by the Lobelia, or the Gelsemium, as indicated, he then resorted to anæsthetics. Or, if the second stage of labor was long and intense, or simply intense, he often relieved its severity in the manner under consideration, while in cases in which operative measures were instituted, he seldom failed to employ them. If it was merely desired to relieve the severity of the pain, he would certainly use chloroform, if it was not so unpopular in this community, and for these reasons, viz: it more promptly afforded relief, than ether, and was not so likely to produce emesis. The patient also rallies from its influence, more readily than from ether. As to the mode of administration, quantity, etc., he quite agreed with the rules therefor laid down by the essayist. In all cases, however, where operative measures were to be adopted, he preferred ether, in this community certainly, so strongly were the profession and public opposed to its rival, and in the case alluded to, he induced anæsthesia profound enough, to place the patient at perfect ease during the operation. He had never seen

marked post partem hemorrhage follow the use of either, but as a precaution, in all such cases, he administered a full dose of ergot, as soon as the child was delivered.

Dr. Merkel stated, that in the hospital at Hamburg, chloroform had been administered over four thousand times in a year, without a single ill effect. He also gave a detailed account of the experiments made by Prof. Max Mueller, as to the safety of anæsthesia induced by chloroform, before the Faculty of the Academy of Science, in Paris, immediately after the reign of the Communists in that city. He obtained the permission of President Thiers to experiment upon two of them, who were condemned to death, they consenting, on condition that if they survived the experiment they should be allowed to leave France. He kept them in a condition of profound anæsthesia, for three months, which was maintained by the administration of small quantities of chloroform, from time to time. They were kept in a spacious room; a current of pure air was kept constantly passing over them, and they were of course closely watched. After the expiration of the three months, efforts were made to resuscitate the smaller of the two, but proved unavailing. Prof. M—— declared that either cardiac or intra-cranial lesions existed, and the autopsy confirmed his statement. After artificial respiration, friction and other means had been employed upon the second patient, for about ten minutes, he opened his eyes, sat up, and called for water.

Dr. Gerald said he had used the agents in question, but little in his obstetrical practice, and that little, had been ether. Its action had not pleased him, and he cited a case of post partem hemorrhage, which seemed fairly attributable to its use. He cited a case of normal labor, in which he yielded to the urgent entreaties of the patient, and gave ether, only to find the pains rapidly diminish in frequency, regularity, and efficiency, and upon withdrawing the anæsthetic, they resumed their former character. So far as he could judge, patients made as rapid and perfect recoveries, after being twenty-four hours in labor, as when delivered in one-twelfth or one-sixth that time.

Dr. Reid said he did not advocate the use of ether in labor, for although almost without danger in general practice, it did decidedly, he believed, increase the liability to post partem hemorrhage, unless used with the utmost caution. Admitting that anæsthetics have no other effect, than the relief of pain, and patients made as good and rapid convalescence, without as with them, why not then also withhold them in surgery?

Dr. Newton thought neither agent attended with the danger charged to it. Influenced by public opinion he generally employed ether, but often found it most unsatisfactory. Prof. B——, with

whom he frequently came in contact, after giving ether, often substituted chloroform for it, from a bottle marked "Ether," however, with marked improvement. He also detailed the facts of a death which the jury charged to ether, when it should have been charged to carelessness; during Sims' operation for dysmenorrhœa, the person giving the ether, was called upon to hold the speculum, and entrusted the sponge to an inexperienced person, who tightly held it over nose and mouth.

Dr. Perrins had used both to considerable extent, and had had no serious result from either. He agreed as to benefit to be derived from chloroform in rigidity, and thought continued ether did increase hemorrhage. He always gave an anæsthetic if desired, and frequently advised it, and advised strongly. He did approve of chloroform distinctly. Statistics, if correct, do seem to prove that in general practice, ether is the safer of the two, but in his hands, chloroform was best. He replied to Dr. Gerald's statement, that patients recover as readily after a labor of twenty-four hours as of four; that he very seldom had patients in labor twenty-four hours, or one-fourth that time. He read a paper upon the use of anæsthetics and forceps, about a year or so since, which elicited considerable adverse comment. He was pleased to note the change in opinion expressed. Dr. M. M. Miles, recently from the West, added his testimony to the value of chloroform in labor.

CINCINNATI MEDICAL SOCIETY.

DR. DAVY remarked that he had had under observation for some weeks a well marked case of that rare form of breathing known as Cheyne-Stokes respiration. The case was to him an exceedingly interesting one, and as its cause is still a matter of doubt, he thought it well to report the case to the Society.

Mr. A., aged 70; has always been a steady drinker, indulging mostly in wine and never drinking to excess. He is very energetic, excitable, quick in action, and hard to control. For the last year he has had more or less trouble from attacks of cardiac asthma causing great dyspnœa and distress. About a month ago he went to Florida, hoping to be benefited by a change of air, but returned immediately in a much aggravated condition. Since his return his pulse has been as usual, very irregular; and his respiration, almost constantly of the peculiar type mentioned above. The action of the heart is feeble, and, so far as the speaker could determine, without murmur; but Dr. Carson, who also saw the case, detected a faint mitral murmur. The Cheyne-Stokes respiration was very characteristic at times.

though at other times the breathing was more natural. One morning, while the patient was in a natural sleep, the speaker had an opportunity of studying this peculiar form along with the state of the pulse. He found the patient asleep on entering the room, and remained fifteen minutes in timing the respiration before arousing him.

One complete cycle of the respiration occupied fifty seconds. There was first very slight and superficial breathing for one or two respirations, followed consecutively by several acts of normal breathing, hyperpnea, moderate, and extreme dyspnea; and then a decline, perfectly gradual like the ascent, until the condition of apnea, or complete arrest of respiration, was arrived at.

The period of apnea occupied about ten seconds, and the progressive decrease of frequency in the same from dyspnea to apnea, each occupied about twenty seconds. The number of respirations in the rise from apnea to dyspnea, and in the fall from dyspnea to apnea was about ten, making about twenty respiratory acts in fifty seconds. All this time the pulse preserved its intermittent and irregular characters.

The patient lay perfectly quiet, except during the dyspnea, when he would throw his hands around or slightly change position, which, at the time of the observation, was on the left side. In the sitting posture, the dyspnea is always less marked than when recumbent, though the character of the pulse has apparently more to do with aggravation of the dyspnea than posture.

When the pulse is very irregular and soft, the dyspnea is always greater. The most distressing part of the dyspnea has been to a great extent relieved by different medicines, but the peculiar character of the respiration, though modified somewhat (mainly by shortening the periods of apnea and dyspnea) has never been entirely cured.

One of the conditions which has always embarrassed the heart and aggravated the dyspnea is constipation of the bowels. Whenever slight constipation occurred there were generally some attending symptoms of dyspepsia with collections of flatus in the large intestine and possibly in the stomach; this would press upon the diaphragm and embarrass the already feeble action of the heart. Apart from any embarrassment of the heart's action by these dyspeptic symptoms the speaker claimed to have seen numbers of cases where constipation has been the means of increasing general arterial tension by promoting peripheral obstruction. In such cases laxatives had always changed the character of the pulse and calmed the action of the heart. In the case reported, laxatives, when indicated, had never failed to

temporarily improve the action of the heart, and relieve the dyspnea.

Another interesting feature connected with the case was the frequent wandering of the mind. This the speaker thought due to a deficient blood-supply to the brain. He had often noticed similar phenomena attending cases of aneurism of the aortic arch or innominate artery, and cases where tumors, etc., interfere, by pressure, with the blood-supply to the head.

As to the cause of the Cheyne-Stokes respiration little could be said, because scarcely anything is positively known. Stokes has generally associated it with a fatty heart, which, the speaker felt almost certain, existed in the case reported. It is, however, generally believed to depend upon some obscure brain lesion, but no one has as yet been able to locate the exact point of said lesion. May it not be owing in part to a weakened circulation in the medulla oblongata? Experiments have shown that when the circulation in the medulla is arrested or retarded, dyspnea is the result, whether the blood in other parts of the body abounds in oxygen or not. The normal rhythmical condition of respiration depends strictly upon the supply of oxygen in the blood. Apnea can be produced as easily by a few hurried and deep inspirations as it is possible to bring on dyspnea by violent exercise. All the details of Cheyne-Stokes respiration are susceptible of explanation through physiological facts, but their peculiar sequence is puzzling in the extreme.—*Cincinnati Lancet and Clinic*.

SELECTIONS.

RECTAL ALIMENTATION.

DR. J. TYSON contributes a paper upon this subject, to the British Medical Journal, which, had we space, we would give in full, for the subject is one, the importance of which, has hardly been appreciated. Before going on to speak of the cases which require rectal feeding, the preparations of food which have been, and are used, the writer refers to the anatomy of the rectum, which is not ill-suited, he says, for the purpose of feeding, the vascular supply being greater than that of any other part of the large intestine, while at the lower part, just within the anus, is a dilatation, useful for the lodgment of food, the anus itself, serving as a sphincter, much like those which guard the pyloric or cardiac end of the stomach.

Many have believed, that the giving per rectum of such substances as eggs, beef tea, etc., had little or no nourishing effect, since albumen, starch and gelatin cannot pass into the system, until converted into crystalloids, and the brandy frequently added, tended only to increase the colloid properties of these substances, and render still more nugatory the use of such enemata. Whether the rectum has the power of changing colloids into crystalloids, is perhaps doubtful, but results which have, and do now follow, the use of rectal alimentation, are too evident, to admit of doubt, that the rectum possesses properties, by means of which, nutrient enemata, if not wholly absorbed, are partially so certainly. We have in mind several cases, in which the most marked benefit was obtained by such enemata, the patient putting on flesh, under their use.

The operation of administering an enema requires to be carefully and skilfully done. Any one who has given these injections by means of the ordinary ball-syringe, must have felt the inconvenience of this, the usual mode of procedure. If the ball be not quite full, air will probably be injected into the rectum, to the annoyance of the patient; and, even when the ball is full, great care must be exercised not to spill any of its contents on the bed. The best mode is to take a piece of india-rubber tubing, two or three feet long. At one extremity fix a small piece of bone, resembling that which is attached to an ordinary Higginson's syringe; to the other end of the tubing attach a funnel. When the injection is to be used, the patient is placed on his side, the bone extremity of the apparatus oiled, and passed into the bowel, the other end raised, and the prepared enema is now poured into the funnel, and runs easily and comfortably into the rectum; the rate of progress can be increased or diminished according as the funnel is raised or lowered, or the food can be arrested at any time altogether by just nipping the tube below the funnel by the fingers of the hand holding it. If this apparatus be not at hand, a Higginson's syringe is the next best thing. I need hardly say that the rectum should be empty when a nutrient injection is to be given.

In what cases should recourse be had to rectal feeding? I would recommend it in all cases where obstinate and constant vomiting has existed for four days, or even before; of course, if the cause be a removable one this should be attended to at once. Then there are a large number of cases in which rectal alimentation might be used beneficially as a means of treatment or even

cure ; such as painful diseases of the stomach, including gastric ulcer, cancer, dilatation, or, again, in some affections of the bowels.

Composition of Nutrient Enemata. Hot water can scarcely be regarded as a food ; yet, in some cases of collapse, the injection of it, about the temperature of the blood, might very reasonably be given. In many conditions of partial stoppage of the circulation, an addition to the volume of the blood has been successful, at least temporarily, in re-establishing the action of the heart.

Nutrient enemata have been in the past, and are often now, made with beef tea, milk, the yolk of an egg, and a little brandy, either separately or combined ; in bulk not exceeding three ounces, and given every two, four, or six hours, according to the exigencies of the case. Although the above have done good, their value has been enhanced since the introduction of artificial digestives. Pepsin, in its various forms, and hydrochloric acid, were long used in stomach digestion, before their value was recognized in rectal alimentation. Pepsin is now very much replaced by the preparations of pancreatine, the latter possessing the double power of acting on proteids as well as on starch. The two ferments which have the property of changing the proteids into peptones, and the starch into sugar, are called respectively proteolytic and diastatic ; and, on account of this double property of pancreas, the preparations of the latter have come very much into vogue.

I think that the best pancreatic preparation, and certainly the one most easily tried, is that known as liquor pancreaticus (Benger), strongly recommended by Dr. W. Roberts, of Manchester, in his Lumlean Lectures of 1880. Speaking of the giving of food by the rectum, Dr. Roberts says, "The enema may be prepared in the usual way, with milk gruel and beef tea, and a dessert spoonful of liquor pancreaticus should be added just before administration. In the warm temperature of the bowel, the ferments find a favorable medium for their action on the nutritive materials with which they are mixed, and there is no acid secretion to interfere with the completion of the digestive process." Thus, in one thing the rectum possesses an advantage in the use of this preparation over the stomach, in the absence of any acid to interfere with the full action of the pancreatic ferments. In giving these enemata, they should be made of milk, or milk with beef tea, or of milk gruel. To a half pint of the warm enema, a tablespoonful of liquor pancreaticus and half a teaspoonful of bicarbonate of soda should be added. About three ounces of this mixture should be injected every two, four, or six hours, as the case requires.

THE TREATMENT OF CONSUMPTION.

DR. ROBERT SAUNDBY contributes to the *Practitioner* a very interesting article on the Treatment of Consumption, when chronic. Some very useful hints for the practitioner are to be found in this paper. He finds that the treatment of phthisis, based on the Listerian system, is of no great utility. Then taking up the symptoms separately he deprecates the use of the opiate linctus. "Cough mixtures and cough lozenges containing opium or morphia are poison to consumptive patients." This sounds very well, but as a matter of practice what is one to do with a case of phthisis where cough is the prominent symptom, where it occurs almost incessantly day and night? Every man has met with cases where morphia, and morphia alone, allays the distress and where all substitutes fail. However, it is well to begin with a very simple remedy. We are recommended to try barley water acidulated with lemon juice or citric acid, raspberry vinegar and water, and when the cough is troublesome, and especially at night, to advise the patient to hold camphor to his nose and mouth with his handkerchief, covering his head with the bedclothes. This simple expedient has proved very useful in many cases. Camphor may also be usefully employed, in combination with steam, by putting a lump of camphor into a jug, or inhaler, with half a pint of boiling water. The use of this for a few minutes at bed time, allays the irritability of the fauces and permits sleep. He finds that codeia possesses the anodyne properties of morphia without its deranging effect upon the digestive organs. The formula employed is—*R* Codeiæ, gr. i; *Tr. Card. Co.*, *m* x; *Syrupi Tolutani* *m* xx; *Aqua ad* 3 i. *M. Fiat linctus.* *Sig:* To be taken when the cough is troublesome. Or, the lozenges of Codeia may be used containing codeia gr. 1-4 each, made up with extract of licorice and compound tragacanth powder.

The dryness of the Mouth, so frequently complained of by the phthisical, is to be treated by the placing in the mouth, one of Wyeth's compressed tablets of chlorate of potash and borax. These are found to stimulate the salivary secretion and provide a medication suitable to the catarrhal condition of the mucous surface.

The Bronchitis of phthisis.—In mild cases inhalation of ten minims of turpentine in a jug with boiling water, or when this proves too irritating, a lump of camphor may be substituted. Externally the chest must be rubbed with liniment of camphor, or acetic liniment of turpentine, or in more severe cases a waistcoat should be made of spongio-piline, fastening by means of tape

shoulder straps and tapes to tie in front, and this should be worn constantly and kept wrung out of hot water and sprinkled with a few drops of turpentine. This waistcoat has the advantage, in addition to its counter irritant effect upon the chest, of keeping the patient in an atmosphere of steam and turpentine, most likely to soothe the irritable condition of his bronchial tubes. I am glad to see repeated the opinion of Graves as to the efficacy of sulphur in bronchitis. Dr. Saundby thinks it next in importance to turpentine. On referring to Graves I find that "five to ten grains of sulphur taken three or four times a day is one of the best remedies that can be prescribed in cases of chronic cough, accompanied by constitutional debility and copious secretion into the bronchial tubes. As it has a tendency to produce elevation of the pulse, increased heat of skin and sweating, it will be necessary to temper its stimulant properties by combining it with cream of tartar, which is a cooling aperient, and has the additional advantages of determining gently to the kidneys."

Profuse Purulent Expectorat.—This is said to be best treated by large doses of sulphate of iron, of which fifteen or twenty grains should be given daily, either in mixture or pill. Again to quote Graves, "the action of a chalybeate is not merely limited to strengthen the tone of the stomach and general system; it is also well calculated to arrest the superabundant secretion from mucous surfaces in many chronic fluxes, and hence its utility in gleet, diarrhœa, and chronic bronchitis."

Diarrhœa—In the treatment of diarrhœa Dr. S—— has abandoned all other means for the use of a lemonade made with sulphuric acid which the patient is to drink *ad libitum*. The formula is—*R* Acidi sulph. dil. ζ ij; Tinct. Aurantii ζ ij; Sacch. albi. q. s.; Aq. Tontanæ oj. M. Sig. To be drunk *ad libitum* every half hour till the diarrhœa has stopped.

This pleasant and very effectual means of stopping diarrhœa, is equally serviceable in ordinary summer diarrhœa and in the diarrhœa of typhoid fever. The cod liver oil should be temporarily stopped, and only iced milk and lime water should be allowed if the attack is severe and the patient weak. Where these means fail, the starch and opium enema is recommended. The writer has also found that relief may be given in bad cases where all other means fail by the injection into the rectum of half an ounce of liquid extract of ergot.

Hæmoptysis.—In severe cases, rest in bed, ice, low diet, avoidance of stimulants and suspension of all the routine treatment should be ordered if the attack be severe, and the following mixture is recommended: *R* Extr. Ergot. Liquid. *m* xxx; Magnesiae Sulph. ζ ss; Acidi Sulph. dil. *m* xv; Aquam ad ζ i. M. Sig. Every two hours till the bleeding stops.

How to avoid over-drugging in phthisis? For if we have a remedy for each symptom, the patient will have many different mixtures to take during the day. We usually make a mixture designed to take in all symptoms, so that the patient may have but the one bottle to take. For example suppose that there be cough, profuse purulent expectoration, anorexia, diarrhœa, sweating, and slight hæmoptysis it is very easy to combine these remedies in the following manner:—

- R Quiniæ sulphatis gr. i—specific and tonic.
 Ferri sulphatis gr. v—for profuse expectoration.
 Acidi sulphurici dil. *m* xv—for sweating, diarrhœa
 and hæmoptysis.
 Aquam ad ʒ i.
 M. Fiat mist, ter die sumend.

TREATMENT OF *ASCARIDES LUMBRICOIDES*.

M. GUERMONPREZ publishes in the *Bulletin de Therapeutique* an article of considerable length on this subject, being a historical study of intestinal worms, and of the action of santonine. His conclusions are opposed to the employment of this remedy. Worm-seed (whose action is frequently confounded with that of santonine) is, says he, and has long been my favorite medication for killing and expelling the *ascaris lumbricoides*; santonine, on the contrary, does not destroy the worm; it is to the parasite an excitant, which increases and precipitates its movements, and renders the organism more liable, on the one hand, to the reflex disturbances, and to intestinal obstructions on the other hand. Santonine, then, is never indicated in such cases. While the remedy would be free from harmful effect in case the parasites were young and moderate in number, it could not be used without danger, even in rational doses, if the living parasites are large and mature; or again, if they are numerous. Moreover, the purgatives appear to be the only remedies arriving at the desired result. These should however be assisted by opposing the development of the worms with careful and good hygienic care. In this regard Guersant has given us the indications which he has long observed and which cannot be too highly appreciated. He does not hesitate to avow the importance of a removal of all predisposing causes; but this must be accompanied by the employment of animal diet and the systematic administration of those tonics and stimulants which have been found most prophylactic against the affection; a change of diet alone not infrequently is sufficient to cause an expulsion of the worms. M. Guermontprez recommends a method which answers the indica-

tion, not of "killing the worms," but rather of rendering the digestive tract uninhabitable by them. This consists in giving, to a child from five to eight years old, three large doses of a bitters-preparation (preferably syrup of cinchona, syrup of gentian, or syrup of bitter orange peel), and then, when the mucous membrane of the intestinal canal is fully under the influence of this, simply administer a purgative (calomel or castor oil). He now comes to the treatment to be directed against any eggs that may remain in the stercoraceous matter. This signifies a repetition of the entire course of treatment; and this second course results in complete cure.—*Journal de Medecine et de Chirurg*, April, 1882.

J. M. F.

SHOT-WOUNDS OF ABDOMEN.

IN the treatment of gun-shot wounds, in which the peritoneum has been penetrated, Dr. Hunter McGuire, of Richmond, Va., in a paper read before the American Medical Association in 1881, urged the importance of operative interference for the purpose of cleansing the cavity of all foreign bodies, closing any wound that may be found in any of the hollow viscera, so as to prevent the continuous escape of its contents into the peritoneal sac, arrest of hemorrhage, and establishing thorough drainage. In recent numbers of the British Medical Journal, Dr. Marion Sims has been advocating the course of treatment suggested a long while back by Prof. Gross the elder, and declares that the time has come when a surgeon should be held culpable who will continue the expectant plan, simply folding his hands and awaiting the results. Statistics show that nine out of ten such cases have died; many of whom he believed might have been saved had the treatment he now suggests been adopted. The few successful cases that have occurred were those in which large open wounds were made, admitting of free drainage.

PROLAPSE OF THE URETHRA IN A YOUNG GIRL.

DR. V. INGERSLEY reports the case of a girl, ten years of age, who attempted to stop laughing by stuffing a handkerchief into her mouth. She immediately had a sensation as if something had broken between her thighs, and soon afterward felt something that was not there before. The labia were separated by a reddish blue tumor, the thickness of the end of the index finger, about a centimetre in length, with an opening at its free end. There was a frequent desire to urinate.

The mucous membrane was easily reduced under chloroform,

but gradually reprotruded. Re-position was effected, tannin was applied and the vagina was tamponed. Prolapse again occurred. A soft catheter was then introduced, passed through a cork which was secured close to the urethral orifice. The prolapse still recurred. The protruded portion was then cut off and four sutures were passed, so as to sew the urethral orifice to the mucous membrane of the vulva, and a soft catheter introduced. The sutures were removed in eight days, at which time there was no prolapse. Ten days later, another prolapse 1 ctm. in length, occurred. This was cut off without suturing, and no catheter was introduced. Eight days later the wound had healed and the prolapse has not recurred.—*Hospitals-tidende and Nordiskt Medicinskt Arkiv.*

HUNGER AND APPETITE.

M. LEVEN remarks, in a paper read recently in the *Societe de Biologie*, that hunger and appetite are two sensations which have been studied by physiologists, but of which the analysis cannot be made by the experimental method. These two terms are employed indiscriminately one for the other, but they have different significations. Hunger and appetite can only be studied in the human subject, either in a healthy condition or in a state of disease. Pure hunger can only be observed in new-born children during the first three or four months of life. Impelled by the instinct for food, they take breast of the nurse, draw from it a quantity of milk sufficient to satisfy this instinct, and go to sleep, until the sensation of hunger awakens them, and they again take the breast. Hunger in infants is a simple sensation that milk alone can calm. If any other food be added to this repast, the weak organism of the infant is put into jeopardy. Four or five months should be allowed to pass until the strength of the child is increased; the organs will then be stronger, and eggs and broth, and farinaceous foods, may be added without risk. At this period of existence, the intelligence of the child will show itself; it will accept and refuse on a certain day such and such of these foods, after having consulted the nerves of taste and smell. Its brain becomes active, and only obeys the impressions which are imparted to it by certain substances; so long as it alone drank milk, the brain was passive, impelled only by the instinct of hunger; when the nerves of taste and smell intervened, it was determined by appetite. We must, therefore, distinguish between hunger, which only has its origin in a nerve, and the sensation of appetite which is the result of the sensations provoked by the nerves of hunger, smell, and taste.

Whenever we take a meal when in a healthy condition, these three groups of nerves act simultaneously. The appetite may remain intact in dyspepsia; but, as a rule, it decreases or disappears entirely. The nerves are simultaneously disturbed; food has a disagreeable smell and taste, if taken without hunger. In a great number of cases, the functional disassociation of these nerves occurs, and hunger is observed modified alone, without the nerves of taste or smell being touched; or the nerves of taste alone are attacked, or even the nerves of smell are deranged, when the nerves of hunger and of taste have escaped the influence of dyspepsia.

These different functional disorders may be characterized as follows. In certain patients, so soon as a mouthful of food taken with pleasure, and welcomed by the nerves of taste and smell, is introduced into the stomach, hunger is calmed, and the patient dares no longer to continue the repast; or, if he does so, he has sensations of nausea. In other cases, the hunger incessantly increases, and is as acute when the meal is finished as before it is commenced. This is what is termed bulimia. Nervous and dyspeptic individuals who feel the necessity of eating, no longer find the normal taste in the food, or else they have a craving for exciting or extraordinary substances, such as vinegar, chalk and charcoal, and would with pleasure fill the stomach with these materials. Pregnant women show types of these derangements of the taste in dyspepsia brought on by pregnancy. Finally, there is another category of dyspeptics in whom the nerves of smell only are deranged in action. M. Leven has treated a patient, forty years of age, suffering from dilatation of the stomach, who was hungry, who took meat with pleasure; but for twelve hours it left with him a sensation of putrefaction, which only disappeared when the stomach had recovered its natural condition. The seat of hunger is, however, a point which is not yet determined. Sedillot and Longet have cut the pneumogastric nerves in dogs, and have seen them eat three or four days after the operation; but they have never been able to cut the great sympathetic. Is it not, therefore, that nerve which, in the absence of the pneumogastric nerves, transmits the sensations to the stomach and to the brain?

Longet and Schiff have maintained that hunger is not seated in the stomach, but in the whole organism; that we hunger in all our tissues, in our muscles and in our nerves; and that a true equation may be established between the degree of hunger and the losses of the organism. It is easy to object to this that some people never feel hungry, and that the greatest wasting of the organism occurs in the febrile condition when there is no hunger.

Schiff has made experiments to show that hunger is not localized in the stomach. He took fasting starving dogs, which howled incessantly. He injected peptones into their veins; the dogs left off howling. All physiologists have, however, observed that, if water be injected into the veins of fasting dogs, they leave off howling, and become quiet, so that nothing can be deduced from these experiments. That, however, which appears certain is, that the sensation of hunger is localized in the stomach, and transmitted to the brain by both the sympathetic and the pneumogastric nerves. In order that hunger should be felt, it is necessary that the mucous membrane of the stomach should not be congested, and that it should be in a healthy condition.

The practical deduction to be drawn from these data is that hunger cannot be restored by medicine, but by an alimentary regimen, by making the number of meals of solid food in proportion to the congested condition of the mucous membrane. Hunger cannot be restored by the use of quinine, iron, or bitter preparations, but by treating dyspepsia in a rational way.—*British Medical Journal*.

OPIUM HABIT TREATED SUCCESSFULLY BY THE AVENA SATIVA, OR COMMON OATS.

Concentrated tincture of avena sativa has been strongly recommended by Dr. E. H. M. Sell, in a paper read before the State Medical Society, of New York, and published in the *Medical Gazette*, for the cure of the opium habit. This preparation is made by making an alcoholic tincture of common oats, distilling the alcohol off, and leaving an impure extract. As different extracts require different re-agents for precipitation, the selection of those must be left to the judgment of the chemist. One ounce of the resulting precipitation must be dissolved in ten ounces of alcohol, and this forms the concentrated tincture *avena sativa*. It is prepared by B. Keith & Co., 41 Liberty street, New York city.

This Tincture is thought to be a powerful nerve tonic and stimulant, laxative and diuretic, and has been used with success in epilepsy, inebriety and other derangements of the nervous system. In the treatment of the opium habit, however, it is a remedy *par excellence*. He details quite a number of cases in which this remedy has been used with success. From six to thirty drops may be administered three or four times a day, before meals, and at bed time; in hot water during the day, and in cold water at night.

In the *opium* or *morphine habit*, as well as in *inebriety* or *alco-*

holism, the best rule is to give the *arena* in hot water with the same frequency that the patient was accustomed to take his opium or morphine; *i. e.*, as often as the system demands it, and in doses sufficient to produce the desired effect. As all cases do not require the same amount, trial and experience will be the best guides. It is necessary, however, to bear in mind the physiological action of this remedy, which is to produce congestion of the base of the brain. A *fullness* at the *base* of the *brain* will indicate that the *dose* dare *not be increased*, and a *pain* in that region suggests that an *overdose* has been given. The diminution of the dose regulates itself by the above symptoms. As long as the system demands the remedy, it must be administered in doses sufficient to supply that demand, and whenever given in larger doses than required, it will manifest itself by its symptoms.—*Pittsburgh Medical Journal*, June, 1882.

AN INSUFFICIENTLY APPRECIATED SYMPTOM OF PREGNANCY.

Le Medecin Practicien of April 15, 1882, contains an article by Dr. Delattre, borrowed from the *Gazette des Hopitaux*, upon an important sign of incipient pregnancy. It is the almost complete disappearance of phosphates from the urine. These salts, being retained in the body, are not at first utilized for the development of the fœtus, but are deposited either in the substance of the mother's bones or, as osteophytes, on their exterior. In the later months of pregnancy the fœtal osseous system is developed largely at the expense of the reserve supply of osteoplastic material. The maternal bones then regain the former size, and the osteophytes disappear during the first months of lactation, after having assisted in maintaining the amount of phosphates in the milk, at the natural standard. If the mother be of feeble constitution, the phosphates necessary for the development of the fœtus are withdrawn from her own tissues instead of from a reserve supply, in the form of osteophytes, and her impoverished blood fails to furnish an adequate amount of phosphates to her milk. The child, therefore, becomes rachitic. This catastrophe may be averted by the administration of phosphate of lime during utero-gestation. Dr. Delattre prefers the syrup of the lactophosphate of lime, and asserts that dentition is always established much earlier in the children of mother's subjected to the above treatment. The author, moreover, believes that the emesis of pregnancy may be somewhat alleviated by the use of the same remedy.

TORSION OF ARTERIES.

At Guy's Hospital all the surgeons use torsion to the exclusion of the ligature, except sometimes in very small vessels, wherein it is difficult to isolate the vessel from muscular fibres. They give a very large statistical showing in its favor. I have seen every kind of amputation there, except of the hip joint, and never a ligature applied to a large vessel. They use no transverse forceps, but seizing the cut end of the vessel with strong forceps, twist it until it is felt to "give away"—that is, the two inner coats break. I have often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said: "Doctor, theoretically the twisted end ought to slough off, but *practically it never does*. We have to talk to our students about secondary hemorrhage, but we do not show it to them." Mr. Lucas told me that for a long time they have ceased to dread or look for secondary hemorrhage.—*Lon. Cor. Boston Med. and Surg. Jour.*

THE RECOGNITION OF DEATH.

At a recent meeting of the Connecticut Medical Society, Dr. Porter read an elaborate and scholarly essay upon this subject.

The unreasonable fear of being buried alive which haunts some people, especially women and children, was shown to be a baseless terror; but the physician should be able to reassure his clients by proving to them that he can tell without fail whether or no life is extinct. Suspended animation in its various forms and types, sleep and hibernation, fainting and trance were all mentioned. The various tests for death were mentioned—some sixteen in number. The habit of immediately embalming or of putting a body upon ice until death was certain was deprecated as hazardous. The foolish prejudice to *post mortems* may have caused a burial before life was extinct. The failure of our present methods of examining the dead in cases of suspected foul play was very strongly presented.

A TEST OF DEATH.

Dr. B. S. Thompson presented another test of death, from the appearance of a black spot on the sclerotic outer corner of the eye. This was, at first, very small, but gradually grew larger, moving down toward the lower border of the cornea, outer angle of the eye, where it finally remained attached to the cornea, the convexity downward. It was also an indication of the time since death ensued until it becomes fixed, then it grows larger.

EDITORIAL.

“In things essential, unity; in things doubtful, liberty; in all things, charity.”

MOST of the readers of the JOURNAL are aware, that though I have appeared as co-editor with Dr. Barrows, I have been able to give little or no time to the service. I therefore retire, and give place most gladly to my friend Dr. R. A. Reid, who will give his personal attention to the JOURNAL, and I have no doubt, will carry it to a speedy and permanent success. I would solicit for him, the hearty support of all my friends.

322 SHAWMUT AVE., May 13th, 1882. G. H. MERKEL, M. D.

FOR some reason which we are unable to explain, the foregoing card failed to appear in our last issue. Just where the blame of right belongs, we cannot positively say, but we incline to the belief that the devil (no profanity intended, we mean the printer's devil,) had somewhat to do with it. It has been a source of no little mortification to us, for it placed Dr. Merkel in an unpleasant position, (not that he cared in the least,) his name being withdrawn from the cover, without a word being said in explanation thereof. Still from the fact that an article from his pen, was the first to appear under our management, most of our readers must have understood that his relation with the JOURNAL was still of the most cordial nature.

Dr. Merkel is one of our warmest and most valued friends, and nothing has occurred to mar the pleasure of our intercourse; he is, as he ever has been, one of the tried and trusted supporters of the JOURNAL. We do not propose hereafter to weary our readers with declarations of what we propose to do, but just here we would like to say, that had it not been for Dr. Merkel, Dr. Miles, and a few other brave spirits, the JOURNAL would have been one of the thirty-eight that died in this country, during the past year, of cholera infantum. As we said elsewhere, it has evidently been rachitic, from a want of proper nourishment, but we believe it can be restored to a condition of health and strength. It is now eighteen months of age, has cut its molars, and will henceforth be able to receive and digest, a much larger proportion of solid material, than has heretofore been furnished it.

ACUTE ALBUMINURIA. SOCIETY REPORTS.

WE present our readers this month with an interesting report of a clinical lecture upon "Acute Albuminuria," a subject that should command the careful attention of every medical man. It was sent, at our request, by the lecturer himself, who is well and widely known to the profession, as an able writer and teacher of medicine, and though of the "regular" profession, is as liberal and thoroughly progressive as any gentleman whom we know in the eclectic ranks, and we welcome him to our pages. From the very cordial letter which accompanied the article, we make the following brief extract: "A part of the enclosed was published in a set of clinical transactions, but was not much seen by the profession, and will therefore be fresh to your readers, some of whom I hope it may interest. When short of manuscript, let me know, and I will help you out. The appearance of the Journal is good."

We devote more space than usual this month, to reports of local societies, and are therefore obliged to abridge that section somewhat. We do this because we believe that there are very many of our readers who, while interested in reports from abroad, are still more so in those of a home nature, and we wish to foster the feeling, believing it to be a healthy and desirable one, and that out of it, good will come to our cause.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

OWING to a pressure of other matters, we are forced to accept one of two alternatives, either give a very broken and fragmentary account this month of the meeting of the above Association, or defer the matter until next, giving it only a brief notice in this issue. We chose the latter, as the one not only most advantageous to our readers, but also most satisfactory, and we expect in the August issue to give a full and detailed account of the proceedings, merely remarking here that the meeting was every way enjoyable, and profitable.

THE NEW YORK CODE AND THE AMERICAN MEDICAL ASSOCIATION.

UNDER this title "Knickerbocker" writes the Record: "Now that the Philadelphia fusillade and the St. Paul explosion are over, the members of the New York State Medical Society may venture to look out from the disappearing smoke, and see how their ancient and honorable body has withstood the attacks of the *News Ephemeric*, and the protesting and injured

members of our profession in New Jersey, Alabama, and Arkansas. The picture that has been drawn by our friends is not a pleasing one. Our society is seen as a hastily called, perhaps packed, assemblage, dragooned by money-loving and altogether atrocious specialists, which, by some trick, overrides the wishes of the virtuous and rural general practitioner, and, in the language of an Alabama protester, gives "countenance and respectability to quacks and mountebanks, to enable them to ply their nefarious vocation." It will, perhaps, be useless to attempt to convince the adolescent and sprightly Philadelphia journal that its pen-pictures are inaccurately drawn. Indeed any word from the fifty-three or more members of our society who ventured to formulate their opinions on the Code, without consulting that self-constituted arbiter in all such matters, will probably be received as a red rag is said to be encountered by a youthful bovine of the male gender. Yet there are some who, undaunted by all this sound and fury, are waiting for a word from us. As Dr. Agnew has shown in his paper—which the American Medical Association, although able to listen to protests from Tuscaloosa and Oshkosh, could not hear—this action at Albany was not hastily taken. Neither was it taken at the suggestion of the dreadful specialists. Three of the five, of the committee, are general practitioners, who are not impecunious and not consumed by the greed for gain that we New Yorkers know has wrecked the moral purposes of the two specialists who acted with them. We can only suppose that the minority of the committee have succeeded in beguiling the simple-minded and unsuspecting majority, and then in inducing about forty-five other general practitioners to endorse their action.

Dr. Gross, in his address before the Surgical Society at its late meeting, with great temerity, accuses the American Medical Association of indulging in "Rip Van Winkle slumbers." It cannot be supposed that our young journal is already in the condition ascribed to the association, and yet its views on our new Code indicate a forgetfulness that New York has been advancing in the last twenty or thirty years, whatever Philadelphia may have been doing. Allow me to say, parenthetically, that there is reason to believe that there are some physicians in our neighboring metropolis who, having as yet not done much in "whooping up" public sentiment against the New York idea, will before long give the whoopers as much anxiety as is now evinced by another Pennsylvania dictator in regard to a movement against his ancient sway. Our worthy and distinguished friend, the editor of *Ephemeris*, although with irreproachable and customary courtesy, is also fearful of the influence of the specialists in the

revision of the Code. It would not be fair to retaliate by an argument in kind, or we might say, if the new Code is bad, because supported in part by specialists, what shall we say of the old, when its ablest advocate in New York is not even a practitioner of medicine, but is merely a pharmacist. But I suppose that if the new Code be really a good one, even its vicious and money-loving supporters cannot change its character.

The published indignation of the Nestor of American surgery has been the hardest blow our State society has had to bear, for he regards "our proceedings as an outrage which every member of the profession should consider as a deep personal insult." What is to be done with us, we are as yet not informed. Perhaps we are to be confined in the Moyamensing prison, or perhaps our distinguished townsman, that great exponent of ethics, who, while, according to the *Herald*, fresh from a consultation with a homœopath, contemptuously threw back his commission in the face of our society, will take the recalcitrant body in hand. Should this occur, we may only imagine the discomfiture and shame of our fifty-three, when they are summoned from New York, Brooklyn, Albany, Rochester, Utica, Elmira, Binghamton, and Yonkers, to face the awful front of the *Judicial Council* of the American Medical Association. What would happen before that tribunal can only be imagined, and we draw a veil upon the threatened disclosure.

Meanwhile, let our brethren in our various county societies, from Erie to Suffolk, remember that, although threatened, we are not yet destroyed.

The Philadelphia postal cards have been received, the protests of the great scientific bodies of Florida and Kansas have been read, and yet the grain is waving in the valley of the Genesee, the canal boats are making the even tenor of their way from Albany to Buffalo, the forges of Troy and Hudson are not yet closed, ships are still entering the port of New York, and no Marius, from Philadelphia, is as yet sitting on the remains of our moral and physical ruin.

TONSILITIS: IS IT RELATED TO RHEUMATISM?

SINCE the ordinary exciting cause of tonsilitis is a sudden chill induced by exposure to cold and wet; sitting in a draught when heated or perspiring; neglecting to change wet clothes, etc., it seems not at all surprising that it should prevail, as it does extensively, all along the Atlantic seaboard, and more especially that part bordering upon New England, where atmospheric changes are both sudden and great. Whether or no, the disease has been unusually rife the past season, we are unable to say,

but an unusual number of cases certainly have come within our personal observation, during the two or three months last past. Each of these has been attended by a severity of symptoms out of all proportion to the gravity or danger, for as we understand it, any other termination than that of recovery, after a brief period, is exceedingly rare, and it seems in the highest degree probable, that the few cases of death from quinsy, which have been reported, have been due to association with a more serious disease, especially exanthematous affections, in which the eruption has not been developed. In very young children we could conceive that a fatal result might occur from inanition; but happily the disease is rare in very early life, chiefly attacking those between fifteen and thirty-five, being especially frequent from fifteen to twenty, though no age is altogether exempt.

Various theories have been advanced, as to the predisposing causes of the affection, the existence of a "strumous constitution" being the one most commonly assigned, the tonsillar inflammation being regarded as analogous to the inflammation of lymphatic glands, so often seen. But this view requires the admission, that cold is an exciting cause of tonsilitis, whereas it plays no important *role* in the production of ordinary strumous affections of glands. For our part, we are inclined to accept the conclusion that the arthritic diathesis exists in the vast majority of cases, in which patients suffer repeated attacks of acute tonsilitis; and we believe that corroborative evidence of this may generally be obtained, in the family, or personal history. In each of the cases to which we have referred, we were able to trace a distinct rheumatic history; our last patient, a legal gentleman, suffering at the same time with sub-acute rheumatism.

It is certain that quinsy is most prevalent, at those periods of the year, and under those atmospheric conditions, which are most favorable to rheumatic exacerbations, and indeed so intimate is the relation between tonsilitis and rheumatism, that we could hardly do better in giving the etiology of the former affection, than to substitute one name for the other, and quote almost verbatim, the concise account of the predisposing and exciting causes of rheumatism, as given by Roberts in his most excellent chapter upon that topic.

Thus we might read: "Tonsilitis is distinctly an hereditary disease, and tends to run in families. No age is exempt, though it chiefly attacks those between the ages of fifteen and thirty-five, being especially frequent between sixteen and twenty. Previous attacks decidedly increase the liability to it. More males than females suffer; and the lower classes are most subject to it, since their daily avocations are such as entail exposure to atmospheric

vicissitudes and other exciting causes. Climate and season have considerable influence over it, the affection occurring mainly in temperate but moist climates, and where changes of temperature are abrupt, being comparatively rare in tropical and very cold countries. A depraved state of health, or any lowering of the vital forces, mental depression, and anxiety, are said to predispose to it, but a large proportion of these attacked, are apparently in perfect health."

Nothing need here be said regarding the symptoms of quinsy, which are varied, and are familiar to all. Guaiacum, either in mixture or in the form of troches (the latter preferred,) in the early stages, appears to act both locally and constitutionally, exerting over the disease an almost specific effect, thereby strengthening the analogy to rheumatism. Resolution is also greatly favored by the early and frequent administration of one drop doses, or less, of aconite. Some of those who recognize the similarity to rheumatism, claim good results from the potash salts, given until the renal secretion becomes alkaline. Of the efficacy of this measure, we are not prepared to speak.

Contrary to recognized traditions, the use of neither steam nor of spray inhalations has pleased in our hands, the fatigue they cause far out-weighting any benefit derived from them. Nor have we found the swallowing of pieces of ice, as advocated by some, generally to be recommended, for though occasionally grateful, it more frequently aggravates the pain and cramp. By far the most agreeable and effective of local measures, we think, will be found to be, the frequent holding in the mouth of warm milk, or warm water, medicated with glycerine of carbolic acid, with mild attempts at gargling. Sucking black currant jelly is also useful. Lemonade, well made and taken through straws is very refreshing, and successful in "cutting the phlegm." Guaiacum and all kindred preparations, although of service in the early stage, as we have said, are of no utility, and only a source of weariness, after symptoms of suppuration have manifested themselves. All extreme external applications, severe counter-irritation, leeching or other depletory measures are to be condemned. A compress of four folds of linen, about six inches by four, wrung out of hot water, and applied under a layer of oiled silk, half an inch larger in every direction than the linen; linseed poultices or Iceland moss, are decidedly comforting, if not indeed of positive utility. Opinions conflict as to the proper time for surgical interference. We think it may be reduced to the following rules:

1. Never inflict needless pain, by useless scarifications of a tonsil undergoing acute inflammation.
2. Never incise deeply, in search of accumulations of pus that may not exist.

3. When advanced suppuration exists, the incision should be made with a curved bistoury, with a short cutting edge, or one with blade wrapped with adhesive plaster to within one-half inch of its extremity, and the cut should be made from without inwards, so as to avoid wounding the large vessels.

4. In cases where the tonsil, though diseased, and subject to recurrent attacks of quinsy, is not chronically enlarged, and is too small for incision, except when acutely inflamed, we would remove it at once, thereby cutting short the disease, and avoiding the chance of farther recurrence.

5. Recommend removal, on subsidence of the attack, in all cases of tonsils, chronically enlarged, and liable to quinsy.

MISCELLANY.

INDICATIONS FOR THE USE OF THE BATH.—“I think a bath daily would be beneficial in your case,” said a physician to a patient. “Well, I don’t know, doctor,” he feebly replied. “I took a bath once, a year or two ago; I felt better for awhile, but it wasn’t long before I was just as bad as ever, and I have been growing worse ever since.” This is almost equal to the French medical writer, who objected to bathing, because it removed the natural secretions of the skin.

DR. BLISS, who says he overtaxed himself while attending upon President Garfield, is going to travel in search of health. Some men say he overtaxed the country both in its patience and its purse, and they wonder in what direction the country is to travel, in order to recruit.

THE CASTOR OIL PLANT AS A FLY-KILLER.—Observations made by M. Rafford, a member of the *Societe d’ Horticulture*, at Limoges, show that a castor oil plant having been placed in a room infected with flies, they disappeared, as by enchantment. Wishing to find the cause, he soon found under the castor oil plant a number of dead flies, and a large number of bodies had remained clinging to the under-surface of the leaves. It would, therefore, appear that the leaves of the castor oil plant give out an essential oil, or some toxic principle which possesses very strong insecticide qualities. Castor oil plants are in France very much used as ornamental plants in rooms, and they resist very well variations of atmosphere and temperature. As the castor oil plant is very much grown and cultivated in all gardens, the *Journal d’ Agriculture* points out that it would be worth while to try decoctions of the leaves to destroy the green flies and other insects which in summer are so destructive to plants and fruit-trees. Anyhow, M. Rafford’s observations merit that trial should be made of the properties of the castor oil plant both for the destruction of flies in dwellings and of other troublesome insects.

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ORIGINAL COMMUNICATIONS.

*PREVENTIVE MEDICINE.**

BY MILBREY GREEN, M. D.

THERE is much to encourage us in the progress of Hygiene, State Medicine, and Medical Jurisprudence, each succeeding year. We cannot but observe with satisfaction that there have been more numerous and valuable contributions to the literature of these subjects during the past year than in any preceding year. From June 1st, 1881 to June 1st, 1882, there have been over five hundred contributions in this country to the literature of Hygiene, State Medicine and Public Hygiene, and sixty-three to Medical Jurisprudence. In Europe there have been over twelve hundred contributions to the first mentioned subject, and over two hundred to the latter. As the Secretary of this section has a full and able report on Medical Jurisprudence, I will not speak of it at present.

The progress of State Medicine in the United States is shown by the fact that there are now twenty-seven State Boards of Health, under the supervision of which some thorough scientific

*Extract from opening address before the Section of Hygiene, State Medicine, and Medical Jurisprudence, National Eclectic Medical Association, at New Haven, Conn., June 22nd, 1882, by Milbrey Green, M. D., Chairman.

examinations of the sanitary conditions affecting the health of large communities have been made, and other like important work accomplished, rendering their annual reports of great interest and practical value. Undoubtedly greater progress would have been made by State Medicine, in years past, had its objects been well understood by the medical profession and the public.

One of the most distinguished laborers in sanitary reform and Preventive Medicine defines State Medicine as follows: "It is, as I understand it, a special function of a State authority, which, until these later days of scientific investigations, has been left almost wholly unperformed, or exercised only under the greatest incitement to its operation, such as the coming of the plague, cholera, small-pox, or some other equally malignant disease. By this function the authorities of a State are bound to take care of the public health, to investigate the causes of epidemic and of other diseases, in order that each citizen may not only have as long a life as nature would give him, but likewise as healthy a life as possible. As the chief object of the physician is the cure, if possible, of any ailment which is submitted to his care, so the far higher aim of State Medicine is, by its thorough and scientific investigations of the hidden causes of diseases that are constantly at work in an ignorant or debased community, to prevent the very origination of such diseases."*

Other eminent authorities in this country and Europe have defined State Medicine in other words, but essentially they agree with the authority above quoted.

The right and *duty* of the State to take cognizance of the public health during the prevalence of epidemics and contagious diseases has long been recognized by the people, and also its right to enforce certain sanitary regulations at other times where the public health is endangered, but there has always existed, and to some extent still exists, a strong opposition on the part of a portion of the people, to a comprehensive sanitary administration by the State sufficient to compel a strict observance of even the general conditions of public health.

State and municipal Boards of Health have been opposed on

* Dr. Bowditch, in Massachusetts State Board of Health Report, 1870.

the ground that they exercised arbitrary powers, and invaded the rights of citizens. But the Massachusetts State Board of Health, which has been instrumental in promoting great sanitary improvements in the State, and has accomplished work of inestimable value to the people, was organized under the following Act, which certainly cannot be said to be unjust or oppressive :

“AN ACT TO ESTABLISH A STATE BOARD OF HEALTH.

Be it enacted, etc., as follows :

SECTION 1. The governor, with the advice and consent of the council, shall appoint seven persons, who shall constitute the Board of Health and Vital Statistics. The persons so appointed shall hold their offices for seven years : *provided*, that the terms of office of the seven first appointed shall be so arranged that the term of one shall expire each year, and the vacancies so created, as well as all vacancies occurring otherwise, shall be filled by the governor, with the advice and consent of the council ; but any one may be re-appointed.

SECTION 2. The Board shall take cognizance of the interests of health and life among the citizens of this Commonwealth. They shall make sanitary investigations and inquiries in respect to the people, the causes of disease, and especially of epidemics and the sources of mortality and the effects of localities, employments, conditions and circumstances, on the public health ; and they shall gather such information in respect to those matters as they may deem proper, for diffusion among the people. They shall advise the government in regard to the location of any public institutions. They shall, in the month of January, make a report to the legislature of their doings, investigations and discoveries during the year ending December thirty-first, with such suggestions as to legislative action as they may deem necessary.

SECTION 3. The Board shall meet at the State house once in three months, and as much oftener as they may deem expedient. No member except the Secretary shall receive any compensation, but the actual personal expenses of any member while engaged in the duties of the Board shall be allowed and paid.

SECTION 4. It shall be the duty of the Board, and they are hereby instructed, to examine into and report what, in their best

judgment, is the effect of the use of intoxicating liquor, as a beverage, upon the industry, prosperity, happiness, health and lives of the citizens of the state. Also, what additional legislation, if any, is necessary in the premises."

This Board has been largely composed of physicians who have devoted much attention to Preventive Medicine, and during the past ten years they have made a comprehensive study of many of the general causes of disease, and been instrumental in removing a vast number of its sources throughout the State. They have made exhaustive investigations on numerous sanitary subjects, and their published reports constitute the most practical sanitary literature. By their thorough, conscientious work they disarmed opposition, and aroused an interest and intelligent support for sanitary measures among a large portion of the community.


But most of the opposition to Boards of Health has arisen from a false conception of personal and domiciliary rights, and from cupidity, selfishness and ignorance. The cry of "tyranny," "outrage on citizen's rights," etc., that has been raised sometimes when Boards of Health have enforced certain sanitary laws, has come from men who were sacrificing the comfort and health of many of their fellow citizens, by carrying on offensive pursuits by which they gained wealth. The following is one of many instances that might be related:

In the suburbs of one of our cities there was a very large establishment for boiling dead horses, in the grounds of which were always several hundred swine. The odors from the processes and the swine were very offensive to the neighborhood and injurious to the health of a large population. Remonstrances by the local health officers were without effect and complaint was made to the grand jury and the proprietor was indicted for keeping a nuisance. The charge could not be denied, but the proprietor weighed the penalty against the profits of his business, let the case go by default, and continued his work. He cared nothing for the health of his fellow citizens, and claimed that laws that interfered with any man's business were outrages on the rights and liberty of citizens. This man continued his business for several years, paying fine after fine, until the strong arm of the State compelled him to remove.

Many instances might be related where the air and water of large neighborhoods have been polluted by various kinds of business for years, until the State has finally interfered. There are always men who will thus selfishly sacrifice the health and lives of others for their own gain unless there are sanitary laws to prevent them. The State alone can protect the people from the deadly effects of defilement of water supplies, diseased or vitiated food supplies, polluted air, and a vast number of other sources of disease and death, and necessary sanitary laws should be made and enforced, however, much private and public interests may apparently conflict. In the State "the greatest good for the greatest number" should be the law.

Human life is more important than all financial interests, and the State should not only guarantee "life, liberty and the pursuit of happiness," to the people, but should seek to maintain the public health. Health is first to be considered in the science of political economy, as on it depends the prosperity of the people and the wealth of the nation, and the State owes it to itself to maintain its existence by sustaining reasonable sanitary laws—peacefully if it can, forceably if it must.

The importance of sanitary legislation is conceded by a large portion of the people, who are desirous to have skilled supervisors of the public health, but much remains to be accomplished in educating the whole country to an appreciation of the vast importance of Preventive Medicine. A comprehensive sanitary administration has to deal with constitutional rights, property, partisan interests, the complication of business and commerce, and control the ignorant, the lawless, the vicious, and those who would sacrifice the health, or even lives, of their fellow citizens, for their own gain. This can only be done by enlisting the hearty sympathy of the entire intelligent community. This fact has been recognized in England, where sanitary legislation has been carried to a much greater extent than in this country, and with the most beneficial results. In one of his addresses on sanitary legislation, Lord Derby said: "No sanitary improvement worth the name will be effected, whatever Acts you pass, or whatever powers you confer upon public officers, unless you can create a real and intelligent interest in the matter among the



people at large. * * * * Whatever administrative measures can do—and they can do a great deal—they can never supercede the necessity for personal and private care. * * * * The State may issue directions, municipal authorities may execute them to the best of their power, inspectors may travel about, medical authorities may draw up reports, but you cannot make a population cleanly or healthy against their will or without their intelligent co-operation. The opportunity may be furnished by others, but the work must be done by themselves.”

It is our duty to do all in our power to enlighten the whole community on all subjects relating to hygiene, and demonstrate the necessity of sanitary reform throughout the country. The people can be educated until they will demand of the State laws to protect their health and lives from the danger of preventable diseases, and then Sanitary Medicine will make rapid progress. The subject is already creating much interest with the masses, as is shown by the eagerness with which inquiries are made in the public press in regard to the causes, and methods of prevention, of prevailing diseases. One of our leading Sunday papers has frequently contained articles on subjects connected with public hygiene, and there has always been an increased demand for copies of the paper whenever any such articles were published. A like result has followed in other cities where the daily and weekly press has taken up topics connected with sanitary observances, or sickness and its causes and the means of prevention. The press is doing an immense amount of good in this direction. Not only the daily press is engaged in this grand work, but our leading magazines frequently contain valuable and interesting articles on the most important sanitary questions of the day.

The American Public Health Association has accomplished most invaluable work in bringing this subject before the public, and also by its discussions and practical work. Sanitary associations are being organized in various portions of the country, embracing physicians who are able and earnest laborers in the cause of sanitary reform, and able civil engineers, architects, scientists and others who are making this subject their study.

But the advancement of sanitary science depends largely on

the higher development of medical science, and we should require of our colleges a higher standard of education, and that they should make Hygiene a part of their curriculum. * * *

THE CLOVER AND THE DAISY.

BY GEORGE WILLIAM WINTERBURN, PH. D., M. D.,

Professor of Materia Medica and Therapeutics in the United States Medical College, New York.

IN these latter days, when the uttermost parts of the earth are being searched for new remedies, and the pages of our medical journals are freighted with the unpronounceable names of unofficinal preparations of unknown botanical origin, is it not well to turn our attention to our indigenous growths and become reasonably well acquainted with the commoner medicinal plants which flourish profusely along our waysides? God Almighty never intended that a sick man should have to send a thousand miles for a remedy for his complaint; but has strewn with lavish abundance in every clime and in every country, the plants necessary for the healing of the people. Find a disease prevalent in any quarter and there near by you will find the specific remedy, ready to the hand. This coincidence may only be the necessary result of climatic and telluric influences, which acting simultaneously on vegetable and animal life, in any given region, create therein a certain bond of similitude. In whatever manner this coincidence may be accounted for, the more we investigate the relation between pathological conditions and drug effects, the more strongly must we be convinced that this admirable arrangement shows the presence of an intelligent Creator.

The two little plants, the names of which give the title to this article, grow so profusely all over our country as to be esteemed vulgar, and are passed by as unworthy of notice. Rechristened marguerite, the latter has indeed obtained a factitious and ephemeral fashionability; but it is as an element for the laboratory rather than as the recipient of the attentions of fashion that I now bring it to your notice.

The daisy is called by botanists *bellis*, from the Latin *bellus*, signifying pretty, a cognomen quite appropriate to the genus. It belongs to the same natural order as the golden-rod, aster, and dahlia ; and, although a native of England, is now thoroughly naturalized, and grows profusely from New England to Texas.

Therapeutically it resembles *arnica* and *hamamelis* ; and it will prove useful in bruises, sprains, boils, whitlows, and similar conditions. The plant may be used either in an infusion or tincture.

In common with *arnica*, it possesses the power of checking suppuration. The tincture applied to an incipient boil or whitlow will abort it. When boils come in crops the local application of the infusion or dilute tincture with the concurrent use internally of drop doses of the tincture (thirty drops to four ounces of water, teaspoonful every three hours,) will effectually prevent their recurrence. It seems to be especially useful when boils appear upon the neck ; even when these assume the nature of an anthrax, *bellis* will often cure.

The daisy will be found serviceable in sprains of the ankle and wrist joints, and of the fingers ; in bruises and contusions with extravasation of blood ; in the muscular stiffness remaining after unusual efforts or long continued exertion ; in erysipelas ; and in chronic vertigo.

Trifolium pratense, better known as the red clover, is so called from a Greek word, signifying three-leaved. It belongs to the same natural order as the beautiful *wistaria*, and may be found in any part of the United States. It is best used in the form of a tincture of the recently dried blossoms, and as an extract made by evaporating a strong decoction to the consistency of a soft paste. The leaves are also boiled in lard to form an ointment.

Clover is one of our best remedies in whooping cough, rivaling here the sun-dew (*drosera*) and the sweet chestnut (*castania*), especially when the paroxysms are worse at night. The infusion may be given in teaspoonful doses after each paroxysm ; or a drachm of the tincture in three ounces of water, in teaspoonful doses. It is also useful in other spasmodic coughs, as in laryngitis, bronchitis, and phthisis, when the throat feels raw as if scalded all the way down ; and in the cough of measles when

this, varying from the ordinary catarrhal form, becomes spasmodic, and the voice hoarse.

It is also useful in excessive drooling of teething infants, when associated with diarrhœa; and in idiopathic salivation in adults. It is an effective remedy in hay-fever, rose-cold, and all coryzal and asthmatic attacks of a paroxysmal nature, particularly when these are associated with a dull ache in the front portion of the brain, worse in the evening.

The paste, or solid extract, forms an excellent dressing for cancerous ulcers. It is the basis of several celebrated cancer "cures," and while apparently successful in many cases, it does not deserve the extravagant laudations which it has at times received. It has the advantage over sorrel of not producing such excruciating pain and seems to be equally available as a cancer remedy. It should also be administered internally, three grains three times a day.

Thus it may be seen that while these two little claimants for our attention do not possess a very wide clinical application, yet they are therapeutic tools of tolerable importance. Certainly they are by no means to be despised; and although the cases in which they are of use may not come very often in the ordinary routine of practice, still where adapted they will do their work effectually if applied with discrimination.

360 WEST 23d STREET.

CARBONATE OF AMMONIA AS A REMEDY FOR FIBRINOGENOUS EXUDATIONS.

BY C. E. MILES, M. D.

THE value of carbonate of ammonia as a stimulant in both pleuritis and pneumonitis has been well understood for many years by the profession. Its value, however, as a preventive and absorbent of the fibrinogenous exudation, has not been so clearly recognized.

Bartholow in his "Practice of Medicine," p. 237, says, when treating of pericarditis, "there can be no question, at the present time, respecting the influence of the ammonia salts in lessening

the coagulability of the fibrinogenous substances." Again, under the head of "Pleuritis," p. 316, he remarks, "the only agents which possess the property of dissolving an exudation, are the alkalies, and the most efficient of them is ammonia." Further on, p. 349, when discussing the treatment of catarrhal pneumonitis, he affirms that, "the agents most useful to diminish the viscosity and favor the excretion of the exudation, are the preparations of ammonia."

These suggestions have led me to make a freer use of the ammonia for the last year and a half than before, and to keep my patients under its influence for a longer period; so long, indeed, as there remained indications of the existence of any fibrinogenous exudation. And after careful observation of its action in many cases of pleuritis and pneumonitis, I have great confidence, that it has valuable therapeutic properties in the condition under consideration. Combining it with the acetate of potassa, or iodide of ammonium may sometimes enhance its value—as Bartholow hints.

That the carbonate of ammonia has some value in promoting the absorption of the fluid effusions of pleuritis, I am also very certain.

During the last winter in two cases, one of pleuritis, and the other pneumonitis, I prescribed carbonate of ammonia in three grain doses, to which was added six drops of fluid extract of jaborandi, given every two hours, with very happy effect.

In no other way have I found so good results from the jaborandi in removing effusions as when given in small and frequent doses combined with from three to five grains of carbonate of ammonia.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.
(AMERICAN AND FOREIGN.)

*THE VERMONT STATE ECLECTIC MEDICAL
SOCIETY.*

THE Vermont State Eclectic Medical Society, met in annual convention, in the State House, at Montpelier, May 31, at 10 o'clock, A. M. W. D. Waller, M. D., president, in the chair.

Proceedings of last meeting read and approved. Treasurer's report read and laid upon the table. It showed that the society was in a flourishing condition. The Censors reported in favor of admitting Percy L. Templeton, M. D., as a member of the society, and he was duly elected.

The president announced the following committee on nominations: Drs. W. F. Templeton, H. J. Potter and S. G. Soules.

A motion of expulsion of members for non-payment of dues was discussed at length and laid on the table. Adjourned till 2 o'clock, P. M. At 2 o'clock the society was called to order by the president.

The committee on nominations submitted the following report: For President, Dr. W. D. Waller; Vice-Presidents, Drs. L. A. Noyce, now in the government survey in Alaska, H. E. Templeton, and G. K. Bagley; Secretary and Treasurer, Dr. Geo. H. Gray, of East Calais; Censors, Drs. W. F. Templeton, W. R. Woodward and S. G. Soules; Auditor, Dr. A. D. Ayer; Librarian, Dr. J. M. Templeton. The report was accepted, and the several officers were duly elected by ballot. The Treasurer's report was taken from the table and adopted.

Dr. W. R. Woodward read a paper on "Pneumonia." He gave a brief description of this form of disease from the first authentic description of it as found in the Hippocratic collection, published three hundred and twenty years before the Christian era, down to the present time.

He believed, "that the indication of cure, is to bring the circulation to a normal standard, thereby lessening the effusion of the products of inflammation and preventing consolidation. In veratrum we have a remedy admirably adapted to fulfill this indication. In sthenic pneumonia, particularly, veratrum is the remedy *par excellence*; the modern lancet shorn of its debilitating tendencies. I order it given in one or two drop doses, of the fluid extract, every fifteen or twenty minutes, until the pulse comes down to 70, and repeated sufficiently often to maintain it at that point. It is to be remembered that the entire thorax is to be kept warm and moist until the inflammation subsides.

After the circulation has been brought down to a normal condition, and not before, a mild cholagogue cathartic may be employed to unload the liver and intestinal canal. Small doses of podophyllin combined with bitartrate of potassa, or the compound powder of jalap, repeated every three or four hours. Having established secretion, with soft pulse, and moist skin and tongue, quinine may be given in one or two grain doses every three hours.

A dry cough, with thick tenacious sputa, expectorated with

difficulty, sanguinaria, lobelia, asclepias with glycerine and simple syrup, will prove decidedly efficacious. Mucilaginous and acidulated drinks allowed the patient freely. The diet should be very light."

By a unanimous vote, the thanks of the society were tendered Dr. Woodward for his very able paper. Dr. A. D. Ayer addressed the society on the progress of the reformed schools of medicine. The society then adjourned till 9 o'clock Thursday morning. Thursday June 1st. Meeting called to order at 9 o'clock, the president in the chair. A paper on "Medical Electricity," by Dr. H. Ingham, was read by the secretary.

The president announced the following committee to draft resolutions on the death of Prof. R. S. Newton, of New York: Drs. S. G. Soules, W. F. Templeton and H. J. Potter; also a committee consisting of Drs. G. C. Washburne, W. R. Woodward and J. M. Templeton, to present resolutions on the death of G. K. Bagley, M. D., of Chelsea, who had died during the session of the convention.

Dr. F. H. Godfrey read a paper on "Iritis," which elicited considerable interest from the society. On motion, the thanks of the society were extended to Dr. Godfrey for his able paper. The society adjourned until 2 o'clock, P. M. Meeting called to order at 2 o'clock, P. M., by the president.

The committee to present resolutions on the death of Dr. G. K. Bagley, submitted the following which were unanimously adopted:

WHEREAS, It has pleased divine providence to remove from among us one of the charter members of this society, Geo. K. Bagley, M. D., of Chelsea, therefore be it

Resolved, That this society deeply feels that in the death of Dr. Bagley it has lost one of its most hearty and sincere supporters, and

Resolved, That we remember with gratitude the earnest labors of Dr. Bagley, in behalf of this society in its early days, and throughout the sixteen years of its existence, and

Resolved, That in his death Eclecticism has lost one who has stood in the front ranks in the profession and who has done much for the advancement of the eclectic theory of medicine.

Resolved, That as a mark of the high esteem in which this society held Dr. G. K. Bagley, these resolutions be and hereby are ordered inscribed on the records of this society, and in token of our sympathy, the secretary is hereby directed to transmit a copy of the foregoing resolutions to the family of the deceased.

W. R. WOODWARD, }
J. M. TEMPLETON, } Committee.
G. C. WASHBURNE, }

The committee on resolutions on the death of Prof. R. S. Newton, of New York, submitted the following :

WHEREAS, It has pleased Almighty God to remove from our midst our esteemed friend and associate, Prof. R. S. Newton, therefore,

Resolved, That in this apparent calamity, we recognize the hand of divine providence, and though our grief is great and our loss irreparable, we submit with humble hearts to the will of him who doeth all things well, and whose ways are not our ways.

Resolved, That we tender to the bereaved family our heartfelt sympathy in this, their hour of affliction, and pray that in sorrow's hour of darkness the thought that what is their great loss, is his immortal gain, may lend a ray of hopeful light to the cloud which darkens the horizon of the home once made bright by his beloved presence.

Resolved, That these resolutions be placed on the records of this association, and a copy forwarded to the family of the deceased.

S. G. SOULES,
W. F. TEMPLETON, } Committee.
H. J. POTTER,

The above resolutions were unanimously adopted.

The Censors submitted the following report: Delegates to National Association, Drs. W. F. Templeton, J. M. Templeton, and W. D. Waller.

To New York,	-	Dr. W. R. Woodward.
New Hampshire,	-	Dr. F. E. Leonard.
Massachusetts,	-	Drs. S. G. Soules and W. D. Waller.
Indiana,	- - -	Dr. W. E. Bailey.
Pennsylvania,	- -	Dr. Geo. H. Gray.
Connecticut,	- -	Dr. A. D. Ayer.
Ohio,	- - - -	Dr. J. W. Marsh.
Illinois,	- - - -	Dr. F. E. Dwinell.

ESSAYISTS—Dr. W. R. Woodward, "History of Medicine."
Dr. H. Ingham, - "Cancer."
Dr. W. E. Bailey, - "Crural Phlebitis."
Dr. H. J. Potter, - "Septicemia."
Dr. S. G. Soules, - "Principles of Therapeutics."

The report was unanimously adopted, after which the society adjourned *sine die*.

GEO. H. GRAY, Secretary.

EAST CALAIS, VT.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

To epitomize the twelfth annual session of the National Eclectic Medical Association, which began in the Temple of Music, New Haven, Conn., June 21st, is a task of no mean proportions. The whole meeting was rich in good papers that will not be epitomized, and the discussions that followed many of them, were of such a nature that only stenography could do them justice.

The president, Dr. J. S. Latta, of Lincoln, Neb., called the meeting to order at 10 A. M., and introduced Rev. Mr. Samson, who invoked divine presence and counsel. Hon. L. W. Sperry, ex-mayor of New Haven, in graceful and well chosen words then welcomed the delegates to the city, and Dr. Byron Pease, speaking as president of the Connecticut Society, added other welcoming words in the same happy view. He paid a special tribute to Drs. John W. Johnson, and S. B. Munn, former presidents of the Association. President Latta after returning thanks for the courtesy, delivered the annual address, which was listened to with marked attention, and spoke well for the growth and other interests of the body.

On motion of Prof. J. M. Scudder, of Ohio, copies of this, and the several addresses, were requested for publication. The Committee on Credentials was then appointed, consisting of Drs. F. L. Gerald, of Massachusetts; D. E. Smith, of New York; J. M. Mulholand, of Pennsylvania; J. M. Hole, of Ohio; J. F. O'Neal, of Illinois; W. M. Gates, of Missouri, and S. S. Judd, of Wisconsin, to whom were referred credentials from twenty-five auxiliary societies, and six medical colleges; also the applications of the Georgia and Indiana Eclectic Colleges for recognition.

The Secretary read a letter from Mr. Teal, editor of Appleton's Cyclopaedia, in regard to the unjust and untrue account of the Eclectic School of Practice given in that publication. A greater number of inaccuracies could hardly be compressed into so small a space. Mr. Teal promised the insertion of a correct account.

At the afternoon session the Association entered upon its real work; receiving new members; essays upon professional topics; and reports as to the status of Eclectic Medicine in the several states. Many of the latter were most encouraging; in some of the western states the eclectics were already in the majority; in others they would be ere long. It was a peculiarity of these reports, that they were generally as rose colored as the truth would permit. The committee having reported in favor of recognizing the Georgia Eclectic College, as in good standing, its representative Prof. W. M. Durham, was received into perma-

nent membership. He shares with Dr. J. W. Pruitt, of Arkansas, the distinction of being the only members present from the extreme southern states. Dr. Green, of Massachusetts called from the table, a proposed amendment to the By-Laws, in relation to honorary members. He managed to procure a substitute that only persons of the highest medical and scientific attainments should be eligible to such membership, when the Association chary of such matters voted the whole subject to the table.

At the evening hour, the attention of the Association was given to two papers; "Conservative Surgery," by Prof. A. J. Howe, of Cincinnati, an able paper and a valuable contribution, and "Antiseptic Surgery," by Prof. E. Younkin, of St. Louis. At a later hour a reception was given at the residence of Dr. Maurice Linquist. The occasion was an exceedingly happy one, and the hospitality of Dr. and Mrs. Linquist, will long be remembered.

THURSDAY, JUNE 22nd.—SECOND DAY.

The attendance was largely increased, Temple of Music seeming alive with delegates at an early hour. They chatted together in a brisk vivacious way, that spoke of good living, good spirits and genial natures. They had many a good word to say of the "Elm City," and praised her manifold beauties as enthusiastically as one to the manor born could have done. After reading and adoption of the Secretary's report, the Treasurer submitted his balance sheet for the year. We are unable at this writing to give the exact figures, but the report as given by the local press placed the amount received from members at about \$8000. It was said to be a less gratifying exhibit than it should be, thirty-eight members being in arrears, a fact always saddening to the heart of a financial officer.

A second endeavor to amend the By-Laws was made by Prof. R. A. Gunn, of New York. The proposed amendments effected the suffrage of delegates from medical colleges, that to Article I, striking out the clause which empowers each to send two delegates; and that to Article VI, disbarring them from a voice in the electoral committee, which has to do with the nomination of officers. The informal discussion that followed, revealed the fact that the notice of Prof. Gunn that he should offer the amendments, had not been recorded, and the chair ruled that their consideration was therefore out of order. Prof. Gunn gave notice that at the convention of 1883, he should press the amendments to consideration. It is evident however, that the Association is very conservative in regard to proposed amendments to the Constitution, having rejected them for three years past.

The system of section work was evidently not familiar to all, and there was at first some confusion. Later, however, it moved more smoothly. Among those more familiar with the plan, and who did much to facilitate its working, so that it will be a fixed feature in all coming meetings, were Drs. Green, section of State Medicine; Stratford, section of Obstetrics; and Merkel, section of Medicine.

Section B.—Hygiene, State Medicine and Medical Jurisprudence.

Dr. Milbrey Green, of Massachusetts, Chairman.

Dr. Henry B. Piper, of Pennsylvania, Secretary.

Dr. Piper being absent, Dr. Vivian Baker, of Michigan acted in his stead. The chairman gave a detailed account of the working of the sanitary board in the city of Boston, setting forth the great benefit, and apparent results, derived therefrom. The physicians as a rule, had heartily seconded their efforts, and earnestly co-operated with them. Several instances illustrative were cited. Dr. W. L. Tuttle, of New York, read a paper on

SEXUAL HYGIENE,

in which he portrayed the importance of the subject, which is one too often neglected, or allowed to pass unnoticed, either through false delicacy, or a failure to appreciate its importance. It was followed by one by Prof. R. A. Gunn, of New York, on "Medical Legislation and its Operations in the Empire State." He said that from the first the chief endeavor had been to grasp supreme power in matters medical, in order to proscribe and injure reputable physicians of all other schools. The effort had not been to purge the profession of ignorance and dishonest and disreputable practices, but to exclude all those, without distinction, who ventured to retain an opinion of their own, and differ from the prevailing school. Dr. V. Baker's paper was entitled, "Brain Culture in the School Room." "The Contamination of Air and Water. How Shall it be Remedied?" was the title of a paper by Dr. J. R. Borland, of Pennsylvania; and "Adulterations of Food and Medicines," one by Dr. J. B. Stowe, of New York. There were very many others.

Section A.—Surgery.

Prof. R. A. Gunn, of New York, Chairman.

Prof. E. Younkin, of Missouri, Secretary.

Among other papers read was one by Dr. D. E. Smith, of Brooklyn, N. Y., in which he narrated the circumstances attending a death from lodgment of a set of artificial teeth, in the lower

portion of the œsophagus, just above the cardiac orifice. The case was that of a lady of that city, and gave rise to considerable local interest and discussion, the physicians who saw the case, with one exception, entirely ignoring the patient's firm conviction that she had swallowed the teeth during sleep. The stomach and œsophageal tube were exhibited, showing the lodgment of the teeth. Dr. W. L. Tuttle read a paper upon the operation for restoration of a lacerated perineum, differing in some details from that generally advised.

Section D.—Medicine and Materia Medica.

Dr. A. Merrill, of Missouri, Chairman.

Dr. G. H. Merkel, of Massachusetts, Secretary.

In the unavoidable absence of the Chairman, the Secretary conducted the management of the section, under which a larger number of papers were presented than under any other head. In the department of Materia Medica, a strong point with eclectics, Dr. M. Linquist, of Connecticut, called attention to "Mango," which he introduced to the profession several years ago. "Indigenous Medicinal Plants of Kansas," was the title of a paper of interest by Dr. J. M. Welch, of that state; and "Asclepias Tuberosa in Pulmonary Affections," by Dr. R. E. Kunze; "The Vine and the Poppy," by Dr. George Winterburn, were two among the many.

Section C.—Obstetrics and Gynæcology.

Prof. John King, of Missouri, Chairman.

Dr. H. K. Stratford, of Illinois, Secretary.

Prof. A. L. Clark succeeded Prof. King as Chairman. The Secretary had been actively engaged for months in collecting material for this section, and made a most excellent showing as the result. One of the most interesting papers submitted in this section was entitled "The Education of Girls as connected with their Growth and Physical Condition," by Dr. R. W. Geddes, of Massachusetts. "Endo-metritis and Intra-uterine Injections," by Dr. V. A. Baker; "Gelsemium in Obstetrical Practice," by Dr. J. L. Furber, showing how and where it excelled and had succeeded ergot; were both of more than ordinary interest. Dr. W. R. Hayden's paper on "Dysmenorrhœa," was a rebuke of officious interference; while the one by Dr. J. M. Hole, touched upon "Certain Duties of the Accoucheur." Dr. C. E. Miles, of Massachusetts, presented a finished essay on "Chlorosis," at once rational, practical, and philosophical. Dr. F. L. Gerald, of Massachusetts, read of "Uterine Pathology and Therapeutics." This is only a glance at the working of the various sections, owing to

our limited space we could hardly do more. Some of them did little more than organize, owing to a lack of time. We have not been able to mention even by title, more than a very small part indeed, of the many papers presented, many of which were of great merit, and deserve a better fate than to be buried in the Transactions. In the evening a *Soiree* was held at Savin Rock, to which tickets of invitation had been issued by the Connecticut Society. It is several miles from the dust and din of the city, and is where the New Haveners go to recreate, and wash off the tarnish of the city. The evening was devoted to sociality and general enjoyment, and the sea breeze was a vivid delight after the heat of the day.

FRIDAY, JUNE 23d.—THIRD DAY.

The interest now centered in the coming election of officers. It was evident that there were several who regarded the gavel in the hands of President Latta with envious gaze, and wished it all their own. The Constitution, to provide equal benefits to all regions, prescribes two votes to a state, and one to a college, but the state must have a local organization. Even Prof. Jeanssen could not represent Kentucky, except on Prof. Scudder's assurance that there was an eclectic society in that state, though no delegation was present from it. But Rhode Island fared better. Presidents Green and Clark had shown her no quarter; it was now held however that having once had the equal franchise, she might not now be deprived of it; so Dr. Goodale overshadowed all Massachusetts.

The final report of the Nominating Committee was the "*gang-ing aglee*" we fancy, of many a well laid plan. Prof. A. J. Howe, of Cincinnati, O., was nominated and elected President with what was almost a stampede. Dr. A. B. Woodward, of Tunkhannock, Penn., editor of the "*Keystone Journal*;" Dr. H. K. Stratford, of Chicago, Ills.; and Dr. Maurice F. Linquist, of New Haven, Conn., were chosen Vice-Presidents. Dr. Alexander Wilder, Newark, N. J., was re-elected Secretary, and Dr. James Anton, Lebanon, O., Treasurer, for the coming year.

The result was accepted by the Association with evident satisfaction, as auspicious of greater efficiency, real scientific advance, and an enhancement of power and influence. A little struggle took place in regard to location of next meeting. Dr. Judd ably pleaded for Milwaukee, really the more desirable place in warm weather, but the points made in favor of Topeka,—that Kansas was the "*banner state*" of eclecticicism—that the Chicago meeting was very near to Milwaukee—decided the matter in favor of the western aspirant.

The report of the Committee on Prize Essays, was that the essays presented, though of merit, were not original enough in character and thought to warrant the awarding of any prize to the writers. By order, the amount offered, \$100, was handed over to the Treasurer, subject to future order. The receipt was announced of \$100, for the prize essay fund, and an equal amount for the treasury, from Dr. Chas. Band, Crete, Neb. An effort was made to have the custom of inviting essays for a prize abandoned; it was not successful. Not deterred by the coldness of the shoulder turned toward the subject, Prof. Jeansen offered two prizes of \$50, each for the best papers on "Resection of the Shoulder Joint," and "Localization of the Function of the Cortical Exterior of the Brain."

Dr. Newton, of Massachusetts, served notice on the Association that at the convention of 1883, he would move to so amend the Constitution, as to restrict voting in the Electoral Committee to members from states having a local organization. As we understand this amendment, it is not directed against proper persons becoming permanent members, but it provides that a man who represents no one but himself shall not sit in the Electoral Committee and enjoy the same power or privilege, as gentlemen coming as duly authorized delegates from a state in which an active organization is maintained. Dr. Mulholand, of Pennsylvania, gave notice of a second proposed amendment to make all membership conditional upon remaining a member in good standing, in an auxiliary.

On being inducted into office, the president-elect congratulated the Association upon the brightness of the general outlook. He also favored strongly the place of meeting selected for 1883, as tending to broaden, he thought, the views of the people coming from the East. Recently, he said, a lady from New England visiting in "Porkopolis," inquired how far it was to the unbroken forest. "There was none, as they would find at Topeka, it was broken all the way through, and the Association must yet go to the Pacific coast and meet in San Francisco." So generously had the local committee provided, that the Treasurer found very few debts to liquidate.

The attendance at New Haven was as large or larger than at other places, forty-two additions being made to the membership. It was our first visit to the National, and we were pleasantly impressed with the gentlemen whom we met. A local paper spoke of them as "an intelligent, healthy, and vigorous body of men, as a rule, which either speaks well for their system of medicine, or their inheritance." After adopting resolutions of condolence with families of deceased members, and expressing

thanks to the Press, the Connecticut Society, and to the authorities of Yale for their invitation to visit Yale Scientific and Peabody Museums, the convention was declared adjourned, to meet in Topeka, Kansas, June 20th, 1883.

OBSTETRICAL SOCIETY OF NEW YORK.

DR. L. A. RODENSTEIN read a paper on

PROLONGED GESTATION.

It was based on four cases; in the first, pregnancy had lasted a full year, according to the woman's computation. The child was extracted by craniotomy. The patient ascribed the prolonged gestation to moral shock about the time of her normal confinement. In the second case, the duration, calculated from the cessation of the last menstruation, was ten months and twenty-one days. In Case III., a subsequent pregnancy of Case II., menstruation had ceased on December 1st, 1880, and intercourse occurred on the same date and for five successive days, when the husband left home for six weeks. Before his return, gestation was fully established. Slight symptoms of approaching labor occurred on September 1st, 1881, when Dr. Rodenstein was called, but the pains soon disappeared. Labor set in on November 3d, and was completed on the 4th by instrumental interference. Duration of gestation, eleven months and four days. Case IV. had occurred in the practice of the doctor's late brother. The patient had become pregnant by a single coitus on January 9th, 1875; delivery occurred on December 15th, making the duration eleven months and fifteen days.

The numerous cases reported on good authority show that prolonged gestation is not a myth. How long the period may extend beyond the normal is not determined, but apparently it may be two months. Dr. Rodenstein believes that the uterus has performed its physiological functions at the end of its natural term, and then rests, the child after that ceasing to grow and lying dormant, otherwise it might grow to huge size, which is not the case. The question why expulsion was not accomplished at term he was unable to solve.

Dr. T. G. Thomas stated that he had seen only two cases in which the pregnancy presented strong evidence of having lasted till the end of the tenth month. Numerous other instances had occurred in his extensive experience, in which the women claimed that pregnancy had continued until the eleventh month, but as

all these statements were not reliable, he did not place much weight upon them. In one of the two former cases, the woman was well formed, and was subsequently confined without difficulty of a large child. One of the children was so large as to require craniotomy and embryotomy, the portions of the child weighing eighteen pounds. In both cases, there was every evidence that the pregnancy had continued to the end of the tenth month.

Dr. E. Noeggerath said that the only carefully prepared statistics on prolonged gestation published were by Tarnier and Chantreuil, who claim that there is no reliable case on record in which the pregnancy had lasted over two hundred and ninety-four days. This is in harmony with the French code which recognizes as legitimate a child born within three hundred days after separation, as well as with his own belief. Cases asserted to have been of longer duration than two hundred and ninety-four days, require the most positive evidence to be accepted as true, and our statements respecting the subject should be guarded. In many of the reported cases, the child is stated to have been below the average size.

Dr. Thomas added that, as the subject of prolonged gestation is of great importance, this Society should be mindful not to commit itself. Dr. Rodenstein's cases, though interesting, should be carefully weighed before being accepted. This care is necessary, as, for instance, in the question of the legitimacy of a child born eleven months after the death of the mother's husband, where large property and privileges may be involved. The liability to error in these cases was illustrated by some examples from the lower animals.

Dr. W. T. Lusk referred to a case previously reported, which showed that, in dating pregnancy from the cessation of the menses, although conception occurred subsequently, a woman might honestly mislead her physician.

PERSISTENT HYMEN.—ABNORMAL COITUS.

Dr. Thomas also related a case illustrating the extreme unreliability of evidence in some medical cases brought to a court of law. A German lady, of the upper class, had been married eight years, but had never become pregnant, and consulted him respecting the cause of her sterility. Her menses were normal; she had only slight leucorrhœa, but much backache. On attempting to introduce his finger, Dr. Thomas found an unruptured hymen having an opening barely the size of a lead pencil. She, however, affirmed that she had been married eight years, had had regular intercourse with her husband, and could not

have remained a virgin. The woman's husband was sent for and he thought it a good joke to be told his wife was still a virgin; he was about thirty-eight years old, of good figure, and said he possessed full sexual vigor, knew what it was to have intercourse, etc. Dr. Thomas then proved his assertion by placing the woman in position and separating the labia. The husband was amazed, and when it was proposed to remove the hymen and insert a glass plug, he desired a week's grace, thinking that in that time he could make it all right. However, he returned at the end of the time stated, saying that he was now convinced that he had not had regular intercourse with his wife, but was at a loss to understand how he could have been deceived so long. The hymen was then removed under ether, and a glass plug introduced. The husband now had found everything changed for the better. The interest in the case was a medico-legal one.

Dr. T. A. Emmet, in reference to this case, reminded the members of a case he had reported to the Society some years ago. The hymen, having but a very small opening, was so strong that it could only be ruptured by cutting. Still, intercourse might have taken place, as the hymen was non-resistant and could be carried some distance up the vagina. Dr. Thomas replied that such was not the condition in his case.

Dr. P. F. Munde stated that three cases of pregnancy with unruptured hymen in unmarried women had been reported by Prof. Gustav Braun, of Vienna. In two of these, the girls claimed to have merely sat on the lap of a gentleman and felt some moisture about the parts, but intercourse had not taken place, so far as either of them knew. In the other case, it was ascertained that the young man's penis was below the average size, so that intercourse might have occurred without rupturing the hymen. Similar cases are on record, but Dr. Munde knew of none in which intercourse was had for eight years and the hymen had remained perfect.

Dr. Thomas repeated that he had mentioned the case merely on account of its possible medico-legal interest. It is well known that some women who had been prostitutes for ten or twenty years had an intact hymen, which, being tough and elastic, was pushed up during intercourse. He had had occasion to divide the hymen during labor. Dr. Lee stated that he likewise had been obliged to divide the hymen at labor.

Dr. Munde inquired if the converse were true—if the absence of a hymen and the presence of every indication around the parts of some preceding confinement were positive proof that the woman was not a virgin. In a recent case of his, the woman,

aged forty and single, denied intercourse and pregnancy. The vagina admitted the largest cylindrical speculum without pain; there was no trace of a hymen, and he would have supposed she had borne children but for her positive assertion to the contrary.

Dr. H. T. Hanks alluded to a case which he had sent to Dr. Thomas's clinic from the Demilt Dispensary. She was a Scotch girl, æt. sixteen, with complete prolapsus of the uterus. Had she been about thirty, it would have been thought that she had borne children.

Dr. Dawson had seen a case resembling that of Dr. Munde, complicated with prolapse of the vagina, which would have permitted the introduction of his fist, the perineum being quite lax. In reply to a question by Dr. Lee, he stated that he had no other proof of virginity than the patient's statement, which he had every reason to believe.

KING'S COLLEGE HOSPITAL.

TRANSPLANTATION OF TESTICLE FROM GROIN TO SCROTUM.

GEORGE D——, aged thirteen, was admitted on the 8th of February last. When quite young a tumour was noticed in his right groin, which always disappeared when he was lying down, but reappeared when he walked about. He had worn a truss as long as he could remember. By this means he had always prevented the descent of the tumour till ten days ago, when it slipped past the truss, and could not be returned. Four days after, he experienced great pain in the right groin, the tumour increasing rapidly in size, with sickness and constipation.

On admission, there was found at the right external ring a solid tumour, irreducible, excessively painful, and with no impulse on coughing. There was absence of the right testicle from the scrotum. The diagnosis was—an inflamed undescended testicle. An ice-bag was applied, followed in a week's time by diminution of the testicle to its original size; it could not, however, be returned to the abdomen.

On February 28, Mr. Wood exposed the testicle, which was found to be somewhat smaller than its fellow, by a vertical incision over the external ring. The cavity of the tunica vaginalis could not be found, and seemed to have been obliterated. The testicle, especially at its upper border, was attached to the pillars of the ring by very firm adhesions, which were with some difficulty broken down. Mr. Wood then freed the cord for about an inch and a half, and though he found it con-

siderably shortened, by making traction he was able to bring the testicle down about an inch. He then everted the scrotum, stitched the testicle by catgut to the everted part, put a small drainage-tube in, sewed up the opening, and applied a pad firmly above the testicle, the whole operation being performed antiseptically.

The patient slept well on the night of the operation. Next day the testicle, though slightly retracted, was still well out of the external ring. There was no pain complained of, the wound united by primary adhesion, and the drainage-tube was removed on March 10th. The temperature was never over 99° . On March 15th, the patient was discharged, wearing a water-pad truss, which was specially constructed to keep the testicle in the scrotum.

SELECTIONS.

RESUSCITATION OF ANIMALS AFTER EXPOSURE TO EXTREME COLD.

F. F. LOPTSCHINSKI says (*Vratsch*, No. 5—7) there is a remarkable disagreement between experimenters and clinical observers as to the manner of treating individuals that have been exposed to extreme cold. While nearly all the latter hold that the application of heat should be gradual, of the former Beck, Horwat, Jacoby advise that it should be rapid. The author has experimented with dogs in order to solve this question. Some of the animals were exposed to cold air (-17° C., two above zero F.) others were packed in freezing mixtures (-13 — 15° C., 6 — 8° F.). After freezing, one of the animals (twenty experiments were made, each with three dogs) was immediately placed in a warm bath of 37° R. (115° F.); the second was placed in a room the temperature of 0° (32° F.), and then, as the temperature of the rectum arose and manifestations of life were shown, the bodily temperature increased. Friction with brushes and dry cloths were used in all three cases.

The experiments, which were made with great care, throw light on various conditions which will not be referred to here (blood examinations, microscopic examinations of the muscular tissue, conditions of temperature, etc.). But there were other results which have a practical significance for physicians. Of twenty animals that were exposed to a low temperature, which was gradually elevated, fourteen died; of twenty animals that were immediately brought into a warm apartment, eight died; of twenty animals that were immediately placed in a warm bath, none died.

RECTAL ALIMENTATION.

As happy illustrations of the indications for, and the benefits to be derived from, nutrient enemata, we quote the following cases from an able paper upon this topic, recently given to the *Record* by Dr. Bliss.

CASE I.—J. D——, aged thirty-eight; cancer of the pylorus. Was unable to retain food of any kind. Great emaciation, thirst, hunger, and distressing insomnia. Ordered 6 ounces freshly made beef extract, with the addition of a teaspoonful of beef peptonoids, thrown into the rectum every four hours. At intervals of eight hours one-half ounce of whiskey was added, and at night twenty minims of McMunn's elix. of opium, in case rest had not already been obtained. It was not necessary after the second night. Under this treatment the more prominent symptoms—thirst, sense of hunger, vomiting, and insomnia—were mitigated in a remarkable degree. This patient was supported for more than three months in comparative comfort, dying then by extension of the local disease to other vital organs.

CASE II.—Mrs. H. R——, aged about forty. Gastric ulcer. Frequent vomiting, rejecting most of the food taken. The most bland food taken into the stomach produced obstinate nausea and vomiting. For some months previous to my first visit, had suffered from persistent constipation. Ordered injecta of freshly made beef extract with peptonoids every four hours during the day, with occasional additions of stimulants as required. This treatment was continued for a period of three months, during which time she has taken only a small quantity of water per orem. For the past three weeks, as evidences of reparation of the local trouble were observable, peptonized milk and a tolerably liberal diet have been given per orem. Case interesting because reparative processes continued under no other treatment.

CASE III.—Mrs. J. D——, aged nineteen. Primipara. Persistent vomiting from pregnancy. Unable to retain either food or drink taken into the stomach. All the ordinary means used failed to relieve the reflex irritability of the stomach. Rapid emaciation, great general distress, and restlessness followed; symptoms so urgent as to threaten a fatal result. Abortion was apparently the only course to be pursued, until I happily thought that by using enemata of beef extract with peptonoids I might be able to sustain life and strength until the critical period of pregnancy was passed. This was done, with occasional additions of stimulants and anodynes as indicated. Her strength was restored and distress relieved. After three months she became

able to take beef extract with acid nitro-mur. dil. She is now in the fifth month of pregnancy, and in good general condition.

CASE IV.—W. H. H——, aged fifty-eight. Has been a generous liver, using wines at his meals, but in moderation. Has had for the past two years more or less frequent attacks of gastralgia, usually while the stomach was comparatively empty. Attacks characterized by severe pain and nausea. No evidence of organic disease of either liver or kidneys. First treatment was by aconite, sodii. bicarb., magnesiæ sulph. and bitter tonics. Entire relief lasted for a period of several months. Recently, however, the same symptoms in an aggravated form recurred. Total inability to retain any food or liquid. Great local pain followed any attempt to swallow food, and a peculiar feature of the case was inability to retain pepsin in any form. Gave 6 to 8 ounces beef extract with peptonoids per rectum three times daily, which had the immediate effect of giving rest, ease, and subsidence of the nausea and vomiting. After four days he became able to resume stomachic digestion, beginning with a light diet of bouillon, and at present (about two weeks after the attack) is able to ride out and eat a beef-steak each morning. I observed also that following the rectal administration of beef peptonoids his pulse became less frequent, and the relief of all the symptoms was prompt and complete.

CASE V.—Mrs. S——, age about twenty-eight; primipara; puerperal septicæmia, the sequel of unusually long and complicated labor, followed by acute cystitis with purulent discharge. Drs. Johnson Eliot and Robert Reyburn, of this city, were in consultation with me during the labor, the latter frequently visiting her with me subsequently, during the course of the septic fever. This case presented the more prominent and typical expressions of septicæmia, such as frequent rigors, generally more severe in the evening, great heat, extreme pungency of the skin, etc. The temperature ranged from 101.4° to 104° ; pulse, 120 to 130; distressing restlessness, and characteristic mental disturbance. The lochia continued normal until the septic condition developed on the eighth day. Pultaceous passages from the bowels generally twice in twenty-four hours, and occasionally attacks of diarrhœa, which readily yielded to ordinary remedies. Tongue red at tip and edges, dry and covered with dark brown fur. Nausea and occasional vomiting. During the first five days of the fever the patient was unable to retain food. Only a little cracked ice was tolerated, even iced champagne being rejected. One tablespoonful of beef peptonoids dissolved in six ounces of moderately warm water, to which 4 drachms of whiskey and 5 grains of quinine, and occasionally 5 to 10 drops of

deodorized tinct. opii. were added. The quantity of the latter was increased at night to secure rest. These enemata were repeated every four to six hours for a period of four days, when the extreme irritability of the stomach had so far subsided as to enable it to retain the peptonoids and light milk-punches. These were alternated every third hour.

The above outline records the entire nourishment given this patient for eighteen days. The only medication other than that mentioned was 1-4 gr. calcium sulphide every four hours, and occasional doses of carbolic acid and lime-water, with the view of sustaining the general antiseptic treatment, which included washing out the bladder twice daily with a solution of biborate of soda.

In a long experience I have never seen a case of this kind as serious as this in which the patient was so well sustained and repair so wonderfully prompt. In my judgment this was entirely due to the temporary relief of the stomach by injecta of peptonoids, and subsequently, as the stomach regained tone, repairing waste by a constant supply of these most assimilable nutrients.

The patient is now (thirty-three days after delivery) safely convalescent.

CASE VI.—The late President Garfield was some of the time entirely, and all of the time very largely, sustained by rectal feeding from the 14th of August until his death on September 19th. The value of this method of supplying waste in grave disease has never been more strikingly shown than in this instance, because in all probability there never was a patient more closely observed by his medical attendants, and because the quantity and quality of the rectal diet were most carefully regulated, both as to mode and time of administration. During the stage of inflammation of the parotid gland (eight days) this mode of sustenance was entirely relied upon, he being unable to take any food by the mouth and stomach, and only very small quantities of cracked ice and water, which were frequently rejected.

The quantities, carefully measured, were prepared at the dispensary of the Surgeon General, in accordance with the following formula. After the removal to Elberon, Mrs. Garfield herself prepared it.

“BEEF EXTRACT.—*Directions.*—Infuse a third of a pound of fresh beef, finely minced, in 14 ounces of cold soft water, to which a few drops (4 or 5) of muriatic acid and a little salt (from 10 to 18 grains) have been added. After digesting for an hour to an hour and a quarter, strain it through a sieve and wash the residue with 5 ounces of cold water, pressing it to remove all

soluble matter. The mixed liquid will contain the whole of the soluble constituents of the meat, (albumen, creatine, etc.), and it may be drank cold or slightly warmed. The temperature should not be raised above 100°F., as at the temperature of 113°F. a considerable portion of the albumen, a very important constituent, will be coagulated."

Two ounces of beef extract, 2 drachms of beef peptonoids, and 5 drachms of whiskey were given with scrupulous regularity every four hours, day and night. Occasionally 5 to 15 drops of deodorized tinct. opii. were added as an additional nerve stimulant and anodyne, and also to secure retention of the enema. They were usually retained without causing any discomfort on the part of the patient, and, as a rule, once in twenty-four hours, a discharge of healthy fæces occurred, generally of such consistency and form as would justify the belief that digestion had taken place in the small intestine. For the first five or six days the yolk of an egg was added to the injections, but in the judgment of the surgeons was the cause of annoying and offensive flatus. The symptom was promptly relieved by discontinuing the egg, and temporarily adding about a drachm of willow charcoal to the enema. Charcoal tablets by the mouth were also occasionally used.

There was a strong desire on the part of the physician to discontinue the use of the stimulants, but on each occasion when the attempt was made the pulse became more frequent and feeble, so that we were forced to resume their use. Later in the history of the case, after the removal to Elberon, alimentation both by the rectum and the mouth was found to be borne without evidence of peristaltic antagonism.

In my own experience this is rare, one method being usually found more successful when the other was temporarily abandoned.

At this period fresh, defibrinated blood (supplied by my friend Dr. Andrew H. Smith) was, for four days, substituted for the beef peptonoids previously used. It was found, however, that the volume of offensive gases developed, together with the character of the ejecta, rendered a return to the beef extract and the peptonoids necessary.

Early in the history of the use of enemata in this case, a firm in New York—Messrs Reed & Carnrick—sent me a formula for manufacture of a preparation which they called beef peptonoids, describing minutely their mode of preparing them. This I at once submitted to the council of surgeons, by whom it was approved as affording the most reliable and effective means of supplying artificial nourishment with which we were acquainted. Our solicitude may be readily imagined when I refer to the evi-

dence of inanition then so strongly marked in the case of our distinguished patient. The result of the use of these preparations was that the lower bowel at once became more tolerant of enemata. No offensive gases were generated, and the general condition of malaise was greatly relieved. The materials so kindly furnished us by this firm were at that time prepared in liquid form, and probably for this reason were liable to undergo decomposition at high temperatures. Therefore on each alternate day they were sent fresh, and packed in ice. Recently, however, I have been using this preparation of beef peptonoids supplied me by Messrs Reed & Carnrick in powdered form, prepared by these gentlemen, the value of which to the physician and surgeon can scarcely be over-estimated, inasmuch as it is always instantly available, not dependendent upon refrigeration for integrity of condition, and the results of its use are even more marked and immediate than those of any of the numerous preparations which I have heretofore employed.—*Medical Record*.

A UNIQUE ATTEMPT AT SUICIDE.

A VARIETY of foreign bodies have traversed the gastro-intestinal tract and been expelled per anum, but the following case reported for the *Record* by Dr. Kohn, is rather unusual, we take it.

Mrs. J. G——, suffering from melancholia, with intercurrent attacks of mania, was, at the request of her parents, removed from the asylum to her home in this city. Symptoms which had manifested themselves during the last day of her stay in the asylum, now appeared in a graver form. Green-paint vomit, constipation, small, rapid pulse—120 per minute—a temperature of 102–102.2F., a pale, anxious countenance, were the general symptoms. Locally: Generalized abdominal pain, with special sensitiveness in the right iliac region; meteorism moderate; tongue thickly coated. The patient was very reticent, only saying and reiterating that she was “rotten inside,” and could not possibly live. The diagnosis of peritonitis, localized in the right iliac region, appeared the proper one. After three days the constipation gave place to a mild form of diarrhœa, and all the urgent symptoms disappeared. Temperature and pulse fell, not to the normal, however. Vomiting was the only persistent symptom, but not as severe as at the outset; it invariably occurred after partaking of solid food; the patient was therefore supplied only with liquid or semi-solid nourishment.

This lull, after lasting for five days, was interrupted by a second attack of peritonitis(?), presenting the same symptoms and lasting the same length of time as the first one above recorded, to be in turn followed by slight diarrhœa and relief from the distressing symptoms. For five weeks this alternate train of symptoms was observed by the writer; partial intestinal obstruction occurring four times. The treatment consisted in rest—though this was at times difficult, owing to the unmanagableness of the patient—the administration of opiates, etc.

Somewhat after five weeks the mother of the patient came to the writer's office. and said that, in obedience to instructions, she had regularly examined the evacuations, and that she had that morning found in the vessel a long, hard, spindle shaped mass of fæces, encased in glairy mucus. Examination revealed the edges of several spoons protruding from the mass. Softening and breaking it up, she found it to contain three teaspoons, which she immediately brought to the writer's office. They certainly bore every evidence of their prolonged sojourn in the tortuous canal of the intestine.

On cleansing them with water it was seen that the three spoons must have traversed the canal lying in apposition with each other—the convexities of the one fitting into the concavities of the other, for the reason that the portions exposed to the action of the intestinal fluids and gases were blackened by them, while the protected parts retained the grayish-white color of britannia metal.

After the evacuation of the *materies peccans*, all symptoms of abdominal trouble disappeared, and none have since then returned. Measurements of spoons: Length, $5\frac{7}{8}$ inches; breadth of bowl, $1\frac{1}{4}$ inches.

The patient now declares that she swallowed the three spoons in one day, with the intention of thus ending her existence. Had one of them become wedged crosswise in any portion of the intestine, as has occurred in one of the reported cases, her plan would have been crowned with success.—*Medical Record*.

THE TREATMENT OF SEA-SICKNESS.

NOT infrequently persons contemplating a sea voyage, and dreading the attack, which, as Mark Twain says—makes them at first fear that they are going to die, and then later, fear that they wo'nt—seek advice from the physician, as to means whereby the attack may be warded off, or its violence abated. To such

the following from the pen of Dr. Soule, to the *Record*, may be of interest. That it is of great value, we know by personal experience.

“About three years ago I began to use the bromides in treating sea-sickness, following as nearly as possible, the direction given in Dr. Beard’s valuable monograph on that subject. I had then been in the service of the Pacific Mail Steamship Company nearly four years, and as my field for experiment was large, I had tried nearly every drug or combination of drugs that had ever been proposed for the cure or alleviation of this disagreeable malady. Repeated failures and humiliating disappointments had so shaken my faith in the power of drugs over this disease, that I began to use the bromides with a good deal of doubt and hesitation. Greatly to my surprise and gratification, however, I found that I was able to entirely prevent or greatly to alleviate the disease, and have not one single failure to record. The following is the combination I most frequently employed, viz :
R. Sodii bromidi, ʒ iv. ; ammonii bromidi, ʒ ij. ; aquæ menthæ piperitæ, ʒ iij.—**M.** Sig.—A tablespoonful before meals and at bedtime ; begin treatment three days before going on board.

“When preparatory treatment had been neglected and the disease fully established, I put a teaspoonful of the above in a half-tumbler of water, add a drop of ext. ipecac, fluid, and give a teaspoonful every five minutes ; it generally relieves the patient in less than an hour. I have received several letters (guinea enclosed) from passengers, asking me to send them the above formula. Next to the bromides I have found hyoscyamia the most successful remedy. Atropia will frequently afford relief, but is not altogether safe, as I have noticed a few cases of retention of urine to follow its use. I gave nitrite of amyl a fair trial, but it proved a complete failure. I have notes of several cases where the bromides entirely prevented sea-sickness during voyages of from twenty to thirty days, although the patients were always sick on previous voyages.

TREATMENT OF CHOLERA BY THE HYPO- DERMIC INJECTION OF MORPHIA.

WE decidedly disapprove both from a moral and medical standpoint, of the frequent and indiscriminate use made of the hypodermic injection of the various salts of morphia, still under proper circumstances it is of the greatest value, and of its use in

the choleraic form of diarrhœa, Dr. Hardman writes the *Lancet* in the following positive manner.

“The article in your last issue on the above subject, stimulates me to record my experience of this method in the treatment of ordinary choleraic diarrhœa. I have now followed this treatment as a part of my ordinary therapeutic routine for about three years, and have never found it fail in a single instance. A good many times during that period I have been called to people who, after vomiting and purging at various times, have been cold, livid, voiceless, almost pulseless, with blue lips and glassy eyes, cramped all over, and with the watery dejections running almost constantly involuntarily from them. I have given a hypodermic injection of half a grain of morphia, and in ten minutes the purging has ceased entirely, and recovery has ensued. Often purging is instantly stopped, not a single evacuation occurring after injection. At the utmost there will not be above one or two, which will occur in the ten minutes following. To the patient the change wrought in his condition seems nothing short of miraculous, and I say deliberately that in the whole range of medicine there is no one deed so gratifying to both patient and practitioner as the administration of a hypodermic injection of morphia in choleraic diarrhœa. The vomiting often persists for twenty-four hours or so afterwards, but may be safely left to subside of itself, as all the danger is due to the purging. Several of my patients have been aged, but have recovered quite as well, though more slowly, than the others. Of course, when sufferers are as bad as I have described, convalescence may be more or less protracted, and the reaction stage may be attended by fever, etc.; but this entirely depends upon the length of time a case has been allowed to run before the patient comes under treatment. Suppression of urine has occurred in some of my cases for two or three days, and the first passed has contained a considerable amount of albumen, but so far this has not interfered with the uniformly good result. It is very easy to understand why all medicines by the mouth so completely fail in bad choleraic cases; for the medicine is either immediately vomited, or passes through the patient almost as fast as if poured through a funnel. I have given a dose of bright-yellow chalk mixture with opium, and the yellow color has appeared in the stools in two or three minutes, which have also distinctly smelt of it. Pills pass through very nearly as fast, and I have seen them pass as such even when made with new extract of roses. In fact, the whole intestinal canal is actively engaged in secretion, and its other power of absorption seems completely in abeyance. Every

now and then the practitioner will meet with a case where, after having given a hypodermic injection of morphia, the purging returns in a few hours. He may safely affirm in a case of this kind that the disease will turn out to be dysentery, though at the time the motions may be copious, pale, and watery, and not present the least resemblance to the usual discharges of dysentery. They will with certainty ultimately assume the dysenteric character, and other remedies may be at once tried, as opium and morphia possess no curative power over dysentery. It may be mentioned that the injection of as much as half a grain of morphia in choleraic diarrhœa is hardly ever followed by sleep, but a sensation of indescribable comfort and ease soon diffuses itself over the patient. As a rule, unless the patient be in a really critical state, a quarter to a third of a grain is ample; but if he is cramped, and signs of collapse appear, half a grain may be at once given without the least fear.

I will not encroach on your valuable space with a description of a series of cases of a disease familiar to every practitioner, but merely end this communication by a summary of my conclusions, which are as follows:—

1. Choleraic diarrhœa can always be immediately stopped by the administration of morphia hypodermically.

2. If severe diarrhœa have persisted two hours, in spite of the administration of opium or morphia by the mouth, frequently, the hypodermic injection of morphia should be at once resorted to.

3. If cramps and collapse be present, the purging persisting, no time should be lost in administering morphia subcutaneously in full dose.

4. The treatment is absolutely free from danger, even if temporary suppression of urine or albuminuria be present.

5. Where not curative, the treatment is diagnostic, enabling us to foretell with certainty the advent of dysenteric symptoms.

6. The best preparation of morphia for this and other hypodermic purposes is the sulphate, on account of its smaller liability to undergo change into apomorphia.

PREGNANCY IN A WOMAN OF SIXTY-TWO.

W. JOHN KENNEDY, M. D.,—Is the *data* on which this woman's age is set down at correct? 1. The statements made to me by the woman herself were given freely and explicitly, and the most careful cross-examination entirely failed in producing any contradictions. 2. Was a nurse under me in 1870, when she said she was over fifty; and certainly she had quite the appearance of that age. 3. The number of confinements which she

had had at term, namely, twenty(one twin), with the addition of three miscarriages. 4. The fact that in June 1879, when her third husband applied to the parochial board at Selkirk for relief, he stated his wife's age to be *sixty* years, *i. e.*, sixty-one in the following October. From a table given in Taylor's *Medical Jurisprudence*(1865, page 876), I find twelve cases quoted at ages from fifty to fifty-four. In the same work there is also a case mentioned in which a healthy woman bore a child at the age of sixty, menstruation having continued up to that time. Two others at sixty-three and sixty-five are noted, but their authenticity is doubted. He also gives two cases, recorded by Haller, in which women at sixty-three and seventy bore children. There is another point, viz., the regularity with which she went on conceiving after she had passed the ordinary child-bearing period. This will be best shown by the dates of her last seven conceptions. :—

Year 1865,	.	.	.	Age 47
" 1867,	.	.	.	" 49
" 1869,	.	.	.	" 51
" 1871,	.	.	.	" 53
" 1874,	.	.	.	" 56
" 1878,	.	.	.	" 60
" 1880,	.	.	.	" 62

The only case of a similar nature which I have been able to find is one quoted by Orfila, in which a woman had her first child at the age of forty-seven and her last at sixty, five others being born between these dates. Cases in which menstruation has been observed late in life are frequently found not to have had the function established until long after the usual period. Probably the most remarkable case of prolonged menstruation is that quoted by Orfila, where it continued until the woman reached the age of *ninety-nine*, the function having been established in her twentieth year. In the present case the menses first appeared in India at thirteen, and continued with remarkable regularity during the intervals of child-bearing. The number of children born by this woman is interesting, she having had *twenty-one* children at term, twins being born on only one occasion. In relation to the question of fecundity in woman, I have just heard of three cases in Somersetshire. In two of these the mothers were cousins, and had born *twenty-four* and *twenty-five* children respectively, twins occurring on several occasions. In the third case the lady had ten children at term in fourteen years. All these were suckled by her (except the last), thus showing

that conception may take place during lactation, and adding one more instance to disprove the popular notion usually entertained upon this subject.—*Edinbl Med. Jour.*

SOME PRACTICAL POINTS IN THE TREATMENT OF HEMOPTYSIS.

DR. JAMES M. WILLIAMSON, of Ventnor, writes on this subject to *British Medical Journal* :

Constipation must not go unrelieved, and is treated by salines. A quick pulse must be steadied by digitalis, of which perhaps the most handy form is the digitaline granule of Homolle and Quevenne. Cough is to be soothed, the simpler the mode of accomplishing this the better, but it must be done ; and nothing answers better for this than a common chloroform pad laid over the sternum.

Speaking in a general way, and not alluding to hemoptysis of cardiac origin, I hold that we should keep before our minds the advisability of stopping all blood-spitting in phthisis without delay. To this rule, perhaps, there are two exceptions. The first is trivial. It is that dirty-red, slimy, bad-smelling, never abundant expectoration which hysterical women with phthisis often exhibit at the bottom of their spittoons ; this may be left to itself. The other exception is a serious one ; it comprises those forms of hemoptysis, usually copious and angry, occurring in advanced and very chronic cases where there is a considerable amount of fibroid induration. In such patients, notable dyspnea on exertion has for a long time past been a prominent symptom, and respiration has been maintained by a very small extent of lung-substance. These cases are open to a special danger, that of fatal embolism in the right chambers of the heart or the pulmonary artery. Not uncommonly the course followed is for the bleeding gradually to abate in quantity, remaining, nevertheless, of the same angry red ; then urgent dyspnea suddenly sets in, and death takes place within forty-eight hours. These are cases calling for extremely careful treatment. Can it be right, where only a small surface is available for respiratory function, to contract those few vessels with ergot ? Or can it be good practice to pass styptic medicines into a patient's circulation when his cachectic state, his low vitality, and perhaps some febrile movement, render him especially liable to the formation of thrombi. It is wisest to limit ourselves to external applications, chloroform pads, dry cupping, sinapisms at a distance, or other derivative treatment, with appropriate general management.

Perhaps I may be allowed to conclude with two cautions, common-place they may seem, but both of them the outcome of bedside experience. One is, to have some responsible person in attendance night and day, on all cases of severe bleeding, till the attack has completely passed away. Death in hemoptysis is generally sudden, and it is very appalling to discover too late the consequences of omitting this precaution. The other is, to decline positively to examine a patient's chest while there is any hemoptysis. Irrespectively of the danger of the process, an opinion arrived at by auscultating a chest during or immediately after a bleeding is not a reliable one.—*American Practitioner*.

VOMITING IN PREGNANCY.

PROF. C. BRAUN of Vienna (*Allgem. Wien. Med. Zeit.*), reports a case to which he was summoned, the patient being regarded as moribund. She was in the first half of her pregnancy and extremely reduced in consequence of intractable vomiting. The physician in charge had decided on producing premature delivery as a last resource. Prof. Braun, who has often opposed this practice, decided instead to bathe the vaginal portion of the cervix with a 10 per cent. solution of nitrate of silver. This was done, and the surface quickly dried to prevent further cauterisation. The success of the treatment was so immediate and so great, that an hour afterwards the patient enjoyed a meal of roast veal, and there has been no vomiting since. Prof. Braun thinks that hyperemesis should be expunged from the list of indications for artificial abortion. He has never seen a case of death from hyperemesis. In France, where abortion is frequently induced to relieve this symptom, it is found that the vomiting is thereby stayed in only 40 per cent. of the cases, while in 10 per cent. the operation has been fatal.—*Practitioner and New York Medical Abstract*.

CONSTIPATION IN INFANTS.

THE following are some of the remedies found useful by Dr. D. H. Cullimore (London *Lancet*): 1. A pellet of butter and brown sugar or treacle every morning fasting, or a little raspberry jam. 2. The morning insertion into the rectum of a conical piece of white curd soap about two inches and a half long. It must be first dipped in warm water, held *in situ* for five minutes, and withdrawn. 3. Daily friction over the body, from the right iliac region along the course of the gut, with a salad oil. In India I have used cocoanut oil advantageously. Cod-liver oil

is very useful when its smell is not objected to. Assiduous friction without any unguent is often useful. Patience, however, is necessary. A teaspoonful of fluid magnesia in the food is a good plan. Tomato jelly is sometimes used in India with benefit. Whatever plan may be adopted it is well to supplement it with the internal administration of half a drop of tincture of nux vomica three times a day; a quarter of a drop is sometimes sufficient. Minute doses of sulphur also answer well.—*Medical Record*.

GELSEMIUM AS AN ANTIPRURITIC.

DR. BULKLEY has directed attention to a very important point which is often a source of great anxiety to the practitioner, viz., the difficulty in relieving persistent and wearing itching in skin affections. He points out that the drugs we certainly rely on, viz., opium, morphia, chloral, bromide of potassium, aconite, and carbolic acid, when administered internally, often fail to stop the unconscious scratching, and he was led from the known effects of gelsemium to try that drug. In certain cases he found it decidedly efficacious. He began with ten drops of the tincture, and, if in half an hour there is no relief, he gives twelve or fifteen drops, and so on, until one or two drachms have been reached in two hours.—*Buffalo Med. and Surg. Jour. and Cincinnati Lancet and Clinic*.

TREATMENT OF IRREDUCIBLE AND STRANGULATED HERNIAS BY MORPHIA HYPODERMICALLY ADMINISTERED.

Le Gazette des Hopitaux, March 25, 1882, presents a summary of the results obtained by Dr. Philippe in the treatment of five cases of irreducible or strangulated hernia by means of hypodermic injections of morphia, and concludes that this method constitutes a potential expedient to which the surgeon should resort before adopting operative measures. Dr. Philippe's first case was one of irreducible inguinal hernia. Taxis was first employed, for a quarter of an hour, without result. Five drops of a morphia solution, containing about nine and one-half grains to the ounce, was then injected hypodermically, after which the volume and the tenderness of the hernial tumor diminished. Fifteen minutes later another injection of five drops was administered, and the reduction of the hernia was easily effected. The other cases only differed from the first, as regards treatment, in the amount of morphia used. One of the cases was an umbili-

cal hernia, one was a strangulated femoral, and another a strangulated inguinal hernia. Reduction was easily effected, in all the cases, after the employment of from two to six injections.—*Medical Record*.

THE BOYLSTON PRIZE AND MEDICAL WOMEN.

THIS is the title of an article which we quote from the *Record*. It will, we think, interest our local readers as being upon the refusal of Harvard to grant admission to women.

The Boylston prize has been awarded to an Englishman again, and our brethren of Boston are mourning the dulness and inactivity of the American Physician. The prize was awarded to Mr. T. M. Dolan, F.R.C.S., of Halifax, England, for an essay on "Sewer Gas, its Physiological and Pathological effects on Animals and Plants." This is the third time that the prize has gone out of this country, and the conclusion is becoming inevitable that there is no American, even in Boston, smart enough to get it.

We dislike to give advice, but perhaps in this emergency it will be pardoned. We would suggest to our Massachusetts friends that, since the men have failed so entirely, they give a little more encouragement to the women. It was a woman who gained one of the few European prizes ever taken by American physicians. When one is *in extremis* the help of the gentler sex is ever sought for, if it is only to lay out the corpse. Therefore we think of her now. But in the present trouble Massachusetts can expect nothing of her medical women so long as she maintains a, so to speak, sedentary posture upon them. The Massachusetts medical woman is in the anomalous position of having to join the homœopaths in order to get a standing:

We do not believe in special providences, but some who do, think that the annual departure of the Boylston prize from Boston to Europe is a visitation. And it is furthermore predicted that unless a less persimmon-like feeling prevails, the prize next time will be taken by some Russian female doctor who is not only an infidel, a nihilist, and an assassin, but who may even think Boston a small town in the West.—*Medical Record*.

INFANTILE CONVULSIONS.

THE adopted and regular treatment of M. Jules Simon, of the Hospital des Enfants Malades, for infantile convulsions is as follows: On arrival the first thing he orders is an injection of salt and water, salad oil, or glycerine, or honey, which he administers himself, as he has too often observed that the parents or the

nurse have already lost their wits. If the teeth can be opened sufficiently a vomitive is given which clears the stomach of any food which could not be digested—the most frequent cause of convulsions. However, the attack continues but soon ceases on applying a handkerchief, on which a few drops of chloroform are poured, to the mouth which the child inhales largely. If convulsions reappear the anæsthetic is renewed, and the child is placed in a mustard bath for a few minutes and then wiped dry and placed on his bed properly wrapped. Chloroform might be again administered if, after an interval the child was seized again, and before leaving the nurse M. Simon prescribes a four ounce potion containing sixteen grains of bromide of potassium, one grain of musk, and a proportional preparation of opium, for he does not believe that the brain is congested in these attacks, it is rather excited, and the opium acts as a sedative. A teaspoonful of the mixture is given three times a day. On the following days the child is usually restless and irritable and ready to be attacked again, but a small blister about an inch square is applied to the back of the neck and left on about three hours, when it is replaced by a poultice of linseed meal and gives most satisfactory results. M. Simon, in terminating, says “such is the treatment that I have instituted in my practice of every day.”—*Med. Press and Circular and Cincinnati Lancet and Clinic.*

NITRATE OF AMYL AND THE CATAMENIAL FLOW.

DR. A. T. BACON writes the *Lancet* as follows:—

I should be pleased to hear, through the medium of your valuable journal, whether any of your readers have observed what I believe to be a hitherto unrecognized physiological action of the nitrate of amyl. I have at present under my care a patient suffering from angina pectoris, who has been in the habit of inhaling the vapor of the nitrate to allay the spasm of that distressing complaint, and a married sister of the patient, who is nursing, informs me that on entering the room, the atmosphere of which is impregnated with the vapor, the menstrual flow at once commences, and that on her leaving the room, and being no longer under the influence of the drug, it immediately ceases. The reason is, of course, perfectly obvious, but I cannot find any note of it in my books of reference. I have mentioned this to Dr. Clifford Allbutt, who has kindly seen the case of angina with me, and he suggests that as the drug might be used in such cases as puerperal convulsions, when such an action would possibly be in the highest degree prejudicial, I should be justified in giving publicity to this interesting fact.

EDITORIAL.

“In things essential, unity; in things doubtful, liberty; in all things, charity.”

CONSTIPATION, LONG PROLONGED.

A female opium eater in London(says Dr. Williams) had but four passages from the bowels in one year(*Medical Bi-Weekly.*) We are glad she lives in London(*Medical Record.*) While the above illustrates the power of opium to hold in abeyance the function of defecation, it is not by any means the most marked example of constipation recorded, and in the case reported by Dr. Copland in his Medical Dictionary, no such extrinsic influence was operative. The patient, a French medical officer, was constive even from birth, and though he ate largely, he seldom passed a stool oftener than once in two or three months, and his abdomen assumed an enormous size. At one time when medicines had been administered to produce a stool, which had not been passed for upwards of four months, abundant evacuations followed and continued for nine days, and contained the stones of grapes and raisins eaten a twelvemonth before. The abdomen finally became so distended as to be very painful, vomiting supervened, and he expired, having lived to the age of fifty-four, and rarely had more than from four to six evacuations in the year. A fibrous partition much obstructing the rectum, was found post-mortem, only an inch above the anus, and should have been found and remedied, we think, during life. An equally remarkable case, and of more recent date, occurred in the State of New York, a few years ago, and being reported in the *American Journal of Medical Science*, went the round of the medical press. When but an infant, this patient had only about three stools in two months, and later on, only one in about six weeks. He had reached adult age when the case came to public notice, and the abdominal distension was so extreme, and the lower ribs so pressed upon, that they assumed an almost horizontal direction, the thoracic organs being so displaced, that the apex beat of the heart was fully an inch above the nipple line. Varying periods elapsed between the stools, the longest being eight months and

sixteen days, and when evacuations did occur, they continued more or less constantly for nearly a week. Over forty pounds of fæces resembling finely chewed brown paper, were discharged at one time, after a prolonged period of constipation. During the year which preceded his death, which occurred at about thirty, if we remember correctly, he was able to do certain kinds of farm work, and had a good appetite. No fibrous partition was found in his case, the autopsy revealing nothing more than an enormously distended colon. The case was evidently one of idiopathic constipation.

The many friends of Dr. Geo. H. Merkel will be interested to learn that he sailed for Europe on the 22nd ult. He will be absent about two months, during which time he will visit the hospitals of Berlin, Vienna, Paris, London, and other centres of medical learning, and renew the professional acquaintance of former years. We have the promise of a letter or two for the Journal which will no doubt be of great interest.

TOY PISTOLS AND TETANUS.

Within a week or two upwards of thirty deaths have been reported in this state alone, among boys injured while using toy pistols, and from investigations made into the nature of this mis-called plaything, it seems necessary that its farther manufacture or sale within the limits of the state, should be prohibited by statute law. The lock is cheap and constantly out of order, and attempts to cause the hammer to stay cocked, result in discharging the contents into the palm of the left hand, making a ragged wound, powder burnt and filled with wads, one very likely indeed to produce lock-jaw. Those who have witnessed a death from this cause, know that the suffering is excruciating in the extreme, and though a physician may have enjoyed a wide practice, and grown gray in the service, without meeting a case, he may encounter it at the very next turn. The disease may be defined, as a tonic spasm of the voluntary muscles with exacerbations, i. e., the muscles are in a constant state of tension, and paroxysms of rigid contraction succeed each other at varying periods for days, the result being generally a fatal one. It is especially liable to follow ragged and punctured wounds of the

hands or feet, and is usually first developed in the muscles of mastication, then extending to those of the trunk, and finally those of the extremities.

At any period after an injury, without any special premonition, the patient complains of "stiff neck," there is then difficulty in breathing and mastication, and the masseters and adjoining muscles take on such a rigidity that there is perfect fixedness of the jaws. The muscles of the abdomen are so rigidly contracted that they feel like a board, and the limbs may be as stiff as though it were the rigor mortis, which indeed, generally soon succeeds it. The tetanic state is then complete. In acute cases death is common in from two to five days. Of the cause, nothing, or next to nothing, is known. Why a wound to the palm or sole should cause locking of the jaw, we cannot tell any more than why lead absorbed produces wrist drop, affecting only that small group of muscles. In certain cases a morbid condition of nerves at the seat of injury has been found, and removal of the affected nerve has resulted in recovery. In others the trouble has seemed to be in a nerve trunk, and in others traces of inflammation of the spinal cord have been seen, so that it seems probable that it is either caused or accompanied by inflammation of the cord thus producing the general spasm. Billroth thinks it results from poisoning with peculiar substances, which possibly are rarely formed in wounds, and thence absorbed. The most that can be said concerning this theory, is, that it cannot, with our present knowledge, be disproved, and it leaves our knowledge of the pathology and treatment just where it found it. Whatever measures of treatment may be adopted, are likely to be as successful as any that have preceded them, since the treatment is entirely empirical and altogether unsuccessful. Perhaps we should exempt from this sweeping condemnation, the application of ice to the spine. About every drug known has been accorded a trial. The occasional successes recorded have been in sub-acute cases, and probably were more due to a recession of the disease than the drug. If the patient can be kept alive beyond the third week, recovery becomes probable, and here comes in the query, why might not rectal alimentation, concerning which we have said so much of late, be used to advantage? In so grave a dis-

ease, we should try some of the remedies that have been reputed successful in other hands, or adopt such plan of treatment as affords a rational hope of success. Aconite in full doses, seems about the most hopeful, and it appears to us Gelsemium, might reasonably be expected to exert a beneficial influence, since it is a decided sedative to the cerebro-spinal system. Of the old time remedies, opium is bad since it aggravates the constipation which is a strong feature of the ailment. Strychnia, curara, nicotine, and others being powerful poisons, add a new feature of danger, without any corresponding hope of good. Quinine is perfectly inert, chloral probably nearly so. A species of this disease called *trismus nascentium* affects infants in the early weeks of life, and some, with fertile imaginations, have attributed it to section of the umbilical cord. It is generally rapidly fatal, though recoveries have been known. Tetanus is sometimes caused by parturition.

ONE CAUSE OF BATHING ACCIDENTS.

Now that the season for suspending business for a few days of recreation, has arrived, and the exodus from the city to the seashore and lakeside is under full way, we may expect the number of accidental deaths reported in the columns of the daily papers to largely increase. The question naturally suggests itself whether or no the number of such mishaps is not larger than need be, and whether there are not other causes operative in producing this fatality, than the mere indulgence in bathing, though of course that is a necessary factor. It is very generally believed that the proper way to bathe is to take a header or "dive" into the sea, or, at least, to immerse the whole body immediately. Theoretically this may be done so far as the most vigorous organisms are concerned, but it must not be forgotten that a man may be perfectly healthy and yet not endowed with sufficient energy to recover quickly from the "shock" which must in all cases be inflicted on the nerve-centres by suddenly plunging the whole surface of the skin, with its terminal nervous twigs, into a cold bath. For a time, at least, the central activity must be reduced in force if not in form. When, therefore, a man plunges, and immediately after strikes out to swim, it is not only possible but probable that he may become exhausted and fail from depression of energy, with cramp. It is important that this should be noticed. We do not think sufficient attention has yet been given to this cause of "accident" in bathing. Cases of exhaustion from remaining too long in the water with a full stomach are understood. That to which we have averted is not recognized.

RECTAL ALIMENTATION, OR FEEDING PER RECTUM.

Several gentlemen having written or spoken their interest in the article which appeared in the July issue, under this title, we append a synopsis of a communication to the *Medical Record* by Dr. Bliss, on the same subject. He prefers the term "feeding per rectum" as more terse and explicit, and adduces evidence to prove a fact which will, we believe, surprise some of our readers, viz., that not only does the history of enemata (*pur. et simp.*) go back to a period many years before Christ, but that of nutrient enemata, as well, dates back to a period equally remote. He narrates the history of this mode of sustaining life; enumerates the different materials employed; cites illustrative cases occurring under his own observation, among others that of President Garfield; and subjoins a list of authorities referring to over four hundred others.

Various theories have been broached as to the method by which enemata are to be absorbed by the rectum, which is apparently designed for excretory purposes only. It has been suggested that the intestinal juices descending from above may digest a considerable amount of starchy food and animal fiber; and lately a theory has been put forward that the contents of an enema are carried to the upper intestinal tract, by a reversal of peristaltic action, and there digested, and as proving that this really does occur, Dr. Bliss mentions the case of a gentleman under treatment for persistent inability to digest any form of food by the stomach, who declares that four hours after receiving an injection of peptonized beef broth, he distinctly perceives the taste in the mouth. We might refer to a case reported several years ago, as bearing upon this same point. The patient, a woman, suffered extremely from reflex gastric irritability, associated with uterine carcinoma, and was unable to retain any food whatever, even water being at once returned.

As in all such cases her thirst was "famishing," but was finally overcome by enemata of coffee and cream. Farther than this, an enema has passed through the whole digestive tract, and been ejected by the mouth. There is practically no limit to the length of time for which life may be supported in this way, except in cases of malignant disease, which are always of course, self limited, but even here life may be greatly prolonged. Dr. Austin Flint has recorded a case in which a patient subsisted for five years, almost wholly in this way, and for fifteen months took no other form of nourishment. That valuable human lives may often be saved, and health and comfort regained,

no longer admits of a doubt, the evidence is conclusive, and in disease, malignant or senile in character, in which a limited prolongation is all that can be hoped for, the fatal event may be delayed, and life rendered comparatively comfortable while it does last, and who will say that the physician is justified in remitting his efforts to prolong human life, even though it be but a single hour?

PROSTATIC ENLARGEMENT, AND ITS MANAGEMENT.

It is a standing joke among those who anticipate an examination for the degree of M.R.C.S., that the gentlemen who compose the board of examiners of the Royal College of Surgeons, such men as Hutchinson, Holmes, Holden and Savory, are each affected with prostatic enlargement, since they lay such stress upon that subject. This is emphatically an affection of old age, and though not all old men suffer from it, the researches of Sir Henry Thompson and others, render it highly probable that enlargement, appreciable on dissection, exists in about one-third, and to a degree sufficient to cause symptoms, in about one-tenth of males over sixty. About the earliest symptom produced is more or less difficulty or straining in micturition, being most perceptible at the close of the act. Chronic cystitis succeeds this, if let alone, for whenever the urinary flow is obstructed, a certain amount being constantly left in the bladder, the walls of that viscus are constantly irritated; the urine becomes turbid and alkaline; and the bladder being never fairly emptied, some of the residue of the urine is of course retained, by which the irritation is kept up and propagated. Then if the obstruction continue still longer unrelieved, all the usual sequellæ may ensue, dilatation of the urinary passages, leading to uræmia; or inflammation extending up the ureters, leading to pyelitis, and in either case, speedy death. A well known and highly esteemed physician of this city, is now dying, we are informed, from pyelitis following chronic cystitis, due to prostatic hypertrophy. The patient is apt at first to believe himself the subject of stricture, and may have the two combined, but the diagnosis of an enlarged prostate, uncomplicated, is generally easy enough. The patient's age and the absence of a previous history of stricture, make an enlarged prostate by far the most probable diagnosis, and this is easily confirmed, for an examination by the rectum, will reveal the prostate, if enlarged, as a hard tumour bulging into the bowel, or by passing a catheter, after the patient has urinated, it will be found that it encounters no obstacle until the point passes under the pubes, when by depressing the handle between the patient's thighs, the instrument can usually be made

to ride over it, and enter the bladder, particularly if a full sized one is used, which is just the reverse in a case of stricture. Retention of urine comes so suddenly and disappears so completely, in some cases, as to prove that it is due to some sudden enlargement from hyperæmia of the gland. The cause is usually, sexual indulgence, a debauch, exposure to cold, or inflammation due to stricture or instrumentation. We recall the case of a clergyman, now deceased, who having a moderately enlarged prostate, had it under such good control, that it seldom occasioned him much trouble. So surely, however, as he journeyed by rail, he suffered from retention, at other times being comparatively free from it. In other cases the retention is so nearly constant, as to show that it depends mainly on the size of the enlargement, and in such cases the retention, if unrelieved, soon passes into incontinence. Just here the caution to distinguish between incontinence, in which the urine escapes almost as soon as secreted, and that in which it is the overflow of a bladder distended to its utmost capacity, may not be ill-timed. Patients in this condition are apt to think they do not need any instrumental treatment, since they are always passing water, but no physician should ever make such a mistake. We have in mind as we write, an aged Hebrew, who frequently presented himself, usually about 2 a. m., suffering from retention, during our service as interne in the London Hospital. Being possessed of considerable means, he was not a suitable charity patient, and was therefore each time relieved and sent out much to his disgust. He finally acquired the use of the proper catheter himself. It is sometimes useful to a patient who suffers such repeated attacks, to know that he can probably relieve himself somewhat, by placing himself on his hands and knees, but this should never lead him to neglect instrumental treatment, which he urgently requires.

Patients long before reaching the confines of three score years and ten, some by anticipation, others by a realization of the earlier symptoms of this affection, not unfrequently ask advice as to how they may keep in abeyance the graver symptoms and complications of it. We think in such cases particular stress should be laid on the following points: 1. To avoid being placed in circumstances where the bladder cannot be emptied at will. 2. To avoid checking perspiration by exposure to cold, and thus throwing additional work on the kidneys. In climates such as our own, elderly persons should both in summer and winter wear flannel next the skin. 3. To partake sparingly, if at all, of wines or liquors, exercising a marked diuretic effect, either by their quantity or quality; select those, if any are needed, which promote digestion without palpably affecting the urinary organs. A glass of hot gin and water, or a potent dose of sweet spirits of

nitre, can do nothing to remove the residual urine behind an enlarged prostate. 4. To be tolerably constant in the quantity of fluids daily imbibed. As we grow older our urinary organs become less capable of adapting themselves to extreme variations in excretion. Therefore it is desirable to keep to that average daily consumption which experience shows to be sufficient and necessary. How often has some festive occasion, where the average quantity of fluid daily consumed has been largely exceeded, led to the over distension of a bladder long hovering between competency and incompetency. The retention thus occasioned, by suspending the power of the bladder, has often been the first direct step in establishing a permanent, if not a fatal condition, of atony or paralysis of this organ. 5. It is important that from time to time the reaction of the urine should be noted. When it becomes permanently alkaline in reaction, or is offensive to the smell, both necessity and comfort indicate the regular use of the catheter. If practicable the patient may be instructed in the use of the instrument. 6. Some regularity as to the time of performing micturition should be inculcated. We all recognise the importance of this in securing a regular and healthy action of the bowels, and though the conditions are not precisely analogous, yet a corresponding advantage will be derived from carrying out the same principle in regard to micturition. The sum of these instructions is, that inasmuch as we cannot arrest the degenerative changes, by which the prostate becomes an obstacle to micturition, it becomes of the first importance that every means should be taken to compensate for it by promoting the muscularity of the bladder, and preventing it becoming atrophied or paralysed either by accident or improper usage. When in connection with hypertrophy of the prostate, the bladder ceases to expel its contents, it is of the utmost importance that no time should be lost in attempting by mechanical or other agencies, to restore its power. To do this and to bring about a healthy condition of the urine, which is about the best stimulant that can be applied to a weakened bladder, a gum-elastic catheter should be introduced and retained. A piece of rubber tubing attached to this will conduct the urine, as fast as excreted, to a receptacle placed at the side of the bed, and thus it is not retained for a moment. Much depends on *how* all this is done, whether it becomes a source of comfort or distress to the patient. If perfect cleanliness is observed in every detail, the catheter being changed and cleaned twice a day, and the bladder washed out daily with tepid water, or a feeble solution of carbolic acid, great relief will follow. When the urine regains its normal acidity it denotes a cessation of stagnation, and after it continues healthy in character a few days, the patient may leave his bed,

but the catheter must still be introduced at stated intervals. Ergot seems to possess a decided tonic effect upon the bladder, and may be given in twenty drop doses, more or less, in conjunction with the mechanical means employed.

THE following circular has just been received :

NAVY DEPARTMENT,

Bureau of Medicine and Surgery, Washington, Jan. 10, '82.

The Surgeon General of the Navy has established a MUSEUM OF HYGIENE connected with this Bureau, which the AMERICAN PUBLIC HEALTH ASSOCIATION has made its permanent central repository.

It is intended that it shall exhibit the present state and future progress of the Nation in all departments of hygiene, and to carry out this important scheme, the co-operation of physicians, engineers, architects, builders, manufacturers, inventors, and others interested in sanitary matters, is not only desirable but indispensable.

Contributions of articles, appliances, models, drawings, etc., illustrating improvements in food, water supply, bedding, clothing, marine architecture, house and hospital construction and furniture; apparatus for heating, illumination, ventilation, and removal of excreta and refuse; culinary, laundry and bath facilities; appliances for physical culture and exercise; and whatever else tends to the preservation of health and the prevention of disease, are therefore solicited.

Contributions should be sent to the address of the Surgeon General of the Navy. Donors and depositors will, in every case, be duly credited on the descriptive labels of their exhibits.

PHILIP S. WALES, Surg. Gen. U. S. Navy.

CARBUNCLES.—CARBOLIC HYPODERMICS.

Dr. N. B. Kennedy, Hillsboro, Texas, reports the following : I was called August 19, 1878, to see J. R. D., one of our most esteemed citizens, suffering with fifteen large carbuncles on his back and neck. He was suffering fearful agony, his family informing me he had not slept five minutes in five days and nights. I at once injected four or five drops of carbolic acid into each of the carbuncles with the happiest effects. In five minutes the old gentleman was in a sound and refreshing sleep, which continued without intermission from 4 o'clock p. m., until 9 o'clock a. m. He awoke from sleep greatly refreshed and without pain, and never did have any more pain. Twelve of the carbuncles aborted and three went on to suppuration, or rather, had commenced to suppurate when I first saw them. A complete cure followed in three weeks.—*Med. and Surg. Reporter.*

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ORIGINAL COMMUNICATIONS.

DIAGNOSE CORRECTLY.

BY A. J. HOWE, M. D., CINCINNATI, O.

A LEADING characteristic of successful practitioners is that they critically investigate every morbid manifestation. They recognize the fact that when a doctor prescribes medicine he should have a definite object in view, as well as he who fires a successful shot from a pistol or gun.

Is that cough we have, one that springs from a common cold, or is it a diagnostic sign of coming measles? Is that hacking cough "reflex" from a dyspeptic stomach, or is it one of the signs of incipient phthisis? A fair auscultator can soon make out the distinction.

Why is this loss of flesh and strength in a slender man of fifty? The skin of his abdomen can be pinched into folds that stay, as in wet leather. The patient vomits and has no appetite; he is constipated and flatulent; his eyes are hollow, and his hair is rough and crisp. One doctor says the liver is "sluggish," and that calomel or podophyllin should be administered; another wiseacre declares that dyspepsia is the disease, and advises the use of peptics. Each treats the case for a few weeks, and is

in turn abandoned. A better diagnostician discovers a lump—an induration in the region of the pylorus, and proclaims “cancer of the stomach!” The last is correct, and gains the credit of being a careful and skilful man.

That child vomited on the way to school, and had to return on account of shock and prostration. The family physician says “Jennie has taken cold—has a fever”—and needs aconite or nitre. The little patient becomes delirious the next day, and has a raging fever. The professional attendant appears puzzled, changes medicine, and thinks there is danger of meningitis—perhaps he applies ice to the head. In the afternoon an old woman gives the girl a hot bath, and hurries out an efflorescence of scarlatina! All now feel better, except the doctor, who has been checkmated by an old granny.

A young man comes from the country, and complains of pain in the bones, headache, poor appetite and general restlessness,—what is the matter with him? If his consultant be thoughtless, careless, conceited, stupid, and criminally asinine, he will prescribe a cathartic. He does not seem to suspect that the poor wretch is on the verge of typhoid fever,—a state fatally damaged by a vigorous purge. Might as well have fired buckshot into the abdomen as that dose of compound cathartic pills.

A woman is attacked with vomiting, and pain in the bowels; she is in great distress, and having taken to the bed, sends for the doctor. He comes, and after many questions and as many guarded answers, he prescribes an anodyne. The patient is made easier for a season, but the nature of the disease has not changed for the better. The following day the medical man is puzzled with the obstinacy of the complaint, yet continues the medicine, but adds a poultice or a fomentation. On the morning of the third day the patient appears worse—is worse; and the doctor insists upon a close inspection of the abdominal region. There is tympanites and obstinate constipation; and a cathartic, with an enema is ordered. The first is speedily vomited, and the injection is not retained. Now the woman parts with some of her false modesty and speaks of a lump she has had in the groin for lo these many years. It is now as hard as a stone, and keenly sensitive. Must be suppuration is coming on—going to

be an abscess—yes, a fœcal fistula; an artificial anus in the groin. This was a case of concealed strangulated hernia. The patient was to blame for hiding her ailments; yet the discriminating medical man is not to be misled by the mis-directions of his patient.

A boy had an inflamed tumor in his groin; and his physician mistook it for a hernia. Chloroform was given, and vigorous taxis applied. There being no success, I was called as a consultant. The foreskin of the lad was rather full, therefore I retracted it. There in the furrow behind the corona was a row of chancres!

A girl while barefooted stepped on a broken vial, and several fragments of glass were driven into the inside and hollow of the sole. I was called in the emergency, and proposed to administer an anæsthetic and cut for the jagged foreign bodies. Just then the family physician arrived—a burly fellow who knew everything and wanted no assistance from anybody. After I departed the foot was poulticed for two days. At the end of that time tetanic convulsions came on, and on the third day the patient died.

Who ever saw a case of acute jaundice during pregnancy? Such cases are rare, but I have seen several. Did the victims survive? No; all died with coma! What produced the cerebral torpor? Toxic products of the blood that ought to have been taken out by the liver and kidneys. Why cannot such morbid states or conditions be cured? Because the fatty degeneration of the parenchyma of the liver is beyond the reach of remedies. The woman is six months advanced in pregnancy. She begins to show the icteric tinge, and to complain of feeling tired. Perhaps the bowels become loose, and a doctor is called;—does he think or for a moment surmise that he has a dangerous case on hand? Never. He is as ignorant of the true state of things as a new born child. In a day or two the patient is so much worse that counsel is suggested, and called. The veteran consultant comes in—adjusts his spectacles, then looks at the conjunctival stains—at the color of the skin; asks how far along is the pregnancy, and when those petechial scratches appeared on the arms and legs. He arouses the woman with loud calls; but she wants to be let alone—she is not sick, but sleepy. The medical men

retire to a private room ; and the younger asks the elder what he thinks of the case. The old man says that he has had two such cases in a practice extending through a period of forty years, and those died. "I think this woman will die within sixty hours !" The young doctor cannot believe his patient is in imminent peril. The pulse is satisfactory ; the bowels do not seem to be disturbed ; the kidneys are acting, and carrying out of the blood the bile the liver ought to take. The woman can eat and drink, and sleep—what is going to kill her? Why, that accumulating animal poison,—that will kill through profound coma. The breathing grows slow and labored,—the blood is not aerated. She dies of asphyxia.

What is the matter with that pregnant woman who has maroon cheeks, and a dropsical aspect? She is about the house, and will not admit that she is sick. Her ankles and feet swell, and there is too much serum in the peritoneal cavity. Though flushed in the face she is anæmic. If the urine were tested, albumen would be found. Hark, here comes a messenger, and wants the doctor in a twinkling ! What is the matter? Mrs. Brown is in a fit ! It is a uræmic—a puerperal, convulsion, though coming before parturition. Had those signs of the coming storm been heeded, that horrible paroxysm might have been avoided.

ZYMOSIS. (Part I.)*

BY G. HERMANN MERKEL, M. D.

THE term ZYMOTIC is now generally accepted as the designation of any epidemic, endemic, contagious or sporadic disorder, which is produced by a morbid principle acting as a ferment in the physical organism. Under this head may be included fevers, small-pox, plague, influenza, whooping-cough, diphtheria, specific eczema, scrofulous and even epileptiform maladies. These complaints differ in form and manifestation, according to country, climate, season, the habits of the population, their surroundings, sanitary and hygienic conditions, etc. They form specific characteristics of the various peoples ; they establish landmarks and epochs in their progress ; they influence the career of cities, as

* Awarded the Band Prize.

in the example of Florence, Athens and London, as well as of empires; they paralyze the strength of armies; they take the lives of prisoners and criminals in anticipation of the decrees of justice; they magnify and aggravate the dangers of hospitals; they infest the habitations of the poor, and pluck the infant from the breast of the mother. They hasten the death of the old, but they are most commonly fatal to individuals in the prime of their existence. They are denominated with truth as well as emphasis, *morbi populares*.

Despite the etymology of the word, it must not however be supposed that all zymotic diseases are actually fermentative; for the classification embraces not only epidemic, endemic and infective disorders, but also the maladies which result from privation, unwholesome or insufficient food and parasitic animals.

What is Fermentation?—The existence of the principle of ferment in abnormal conditions of the physical economy is recognized by scientists everywhere. The question at issue relates to its origin and mode of development. Fermentation is the change which takes place in an organic substance from the influence of water, air and warmth, often beginning from contact with another substance in the state of decomposition. Formerly the process was understood to comprehend all changes of vegetable and animal matter resultant upon their deprivation of the vital force. It is now restricted to narrower limits. The ferment is a body which is itself in a state of decomposition and putrefaction; and when brought into contact with other substances of analogous constitution, has the power to establish a similar condition in them. The process, except it is arrested by other agencies like heat, cold or dessication, will continue in activity until the decomposition is complete. The ferments are very generally diffused, so that when a plant or animal dies it will begin at once to decompose.

Theories of Scientists.—There are two prominent theories of fermentation extant in scientific circles. The zymotic theory assumes that a particle of poison or noxious material floating in the air or derived from an affected person or substance acts as a ferment to certain textural waste products lingering in the body of a predisposed individual who was relatively healthy before.

The germ-theory presumes the reason of the changes thus instituted to be the action of a germ or living particle, vegetable or animal, which has been detached from some living substance. Such germs are supposed to be capable, under certain favorable circumstances, of a development into new forms, and of effecting changes in the body of a fermentative or putrefactive character. They are the poisons, and the diseases the results of the changes they have induced.

Spontaneous Generation.—The doctrine has been entertained from the earliest period of history, that under certain favorable conditions animals and living organisms might come into existence without parents. Aristotle sets forth that both animal and vegetable growths originate in this way in putrefying earth, in the bodies of plants and in the fluids of animals. He affirms accordingly “that every dry substance which becomes moist, and every moist substance which is dried produces living creatures, provided it is fit for nourishing them.”

Microscopic Organisms.—The only essential point at issue is whether the microscopic organisms, plant or animal, may be spontaneously generated. If it is decided affirmatively, most of the difficulties which have retarded the progress of medical inquiry, will be resolved. It is well known that if we examine a drop of water in which some animal or vegetable substance has been infused when undergoing decay or decomposition, it will be found to swarm with minute living organisms. Are they ever produced in the water when due precautions have been taken to exclude from it and from the air which has access to it, every germ or animalcule capable of inducing such productions?

Professor Schulze, of Berlin, instituted a series of experiments with a view to determine the matter, and affirms as his conclusion, that where proper precautions have been taken in those particulars, no animal or vegetable organisms are produced. A few years later, however, M. Pouchet, equally eminent as a scientist, repeated these experiments, taking similar precautions, but had results entirely different. Plants and animalcula were invariably developed in the infusions upon which he operated. He was so rigid in his proceedings, that in order to show that the atmospheric air contained no germs, he substituted an atmos-

phere artificially compounded by mixing twenty-one parts of oxygen with seventy-nine of nitrogen. The air was introduced into a flask containing an infusion of hay prepared with distilled water. The hay had been previously exposed for twenty minutes to a temperature of 212° . He thus apparently guarded against the presence of any germs or animalcula in the infusion or in the air. The flask was then hermetically sealed, so that no other air could obtain access. Yet, after all these precautions, there appeared minute animal and vegetable organisms in the infusion. He repeated the experiment, employing pure oxygen gas instead of air, and the result was similar.

Law of Plant-Propagation.—Fecundation or cell-formation in plant-life is regulated by laws analogous to those existing in the Animal Kingdom. The organs of reproduction, however, are not permanent; the stamens falling off shortly after proliferation and the pistils after the ripening of the seed.

Classification of Zymotic Diseases.—Prior to any investigation of the nature of the organisms existing in zymotic diseases, it is proper to note the maladies included under the term ZYMOSIS, and the vehicles by which the morbid elements are transmitted to individuals. Zymotic diseases may be arranged in four Orders, namely :

1. *Miasmatic Diseases*; as small-pox, measles, scarlatina, typhus and typhoid fevers, cholera, dysentery, intermittent fevers, etc.

2. *Enthetic Diseases*; as syphilis, gonorrhœa, glanders, hydrophobia, malignant pustule, etc.

3. *Dietetic Diseases*; as famine fever, bulimia, scurvy, purpura, rickets, bronchocele, delirium tremens, etc.

4. *Parasitic Diseases*; as scabies, worms, disorders from animal parasites; favus, ringworm, scald-head, etc., from vegetable parasites.

Endemic Diseases are those maladies which attack an entire community simultaneously without apparent regard to geographical limits, but in such a manner as to indicate a relation to the localities and their inhabitants. They are the result of telluric influences and miasma, or poisons generated in the earth or at its surface, which are diffused through the air, lessening in mis-

chievous potency according to the distance from the place of originating. These disorders are more virulent, prolonged and mortal in summer, and more likely to begin in the night. The most decided type of endemic disease is ague. *Epidemics* are special affections, of a more or less contagious character, generally, which occur within distinct geographical boundaries and do not extend beyond. *Sporadic Diseases* are maladies which appear in isolated instances, and are generally amenable to hygienic and sanitary measures. Indeed, whatever the character of the complaint, its occurrence suggests the imperative duty to inquire in regard to the circumstances of ventilation, drainage, personal habits, food, drinks, etc.

Vehicles of Morbific Poison.—Fully 75 per cent. of all contagious and febrile disorders are originated from the organic matter; the refuse from manufactories, decaying vegetation, putrid animal substances, sewage and waste of towns, to be found in the brooks and rivers of all countries, on both sides of the Atlantic.

There are also atmospheric impurities as follows, namely:

1. *Suspended Matters*; as vibriones, bacteria, monads, pollen, spores of fungi, mycoderms, mucedones, etc. Inorganic substances, finely comminuted are also taken up by the air and held in suspension. In ill-ventilated and badly kept sick-rooms and hospital-wards, the virus of specific poison emanating from the bodies and clothing of the patients, consisting of molecular organic matter and the germ-cells or active principles of the several maladies are conveyed beyond a doubt in the air to other persons and localities.

2. *Gaseous Substances* derived from chemical and other manufactories. The compounds of carbon, nitrogen, chlorine, phosphorous, etc., with hydrogen and oxygen are thus given off. The exhalations from excremental matter, stagnant pools, decaying animal and vegetable substances are also to be included.

The Virus, or Poison-Germ.—The virus or active principle of zymotic poison may remain apparently dormant or latent in the bodily organism for days and weeks, and even months in some instances, before it manifests itself. Disorders of an erysipelatous nature, however, are the exception. Open or sloughing wounds and poison from dead bodies quickly exhibit the deadly action.

Puerperal fever hurries its career. Women in childbed are peculiarly susceptible to atmospheric contamination and morbid influences, to which they rapidly succumb.

The Law of Dissemination.—Contagion and virus appear to operate by a law unlike the principle of activity in medicinal substances. The body will generate a thousand fold of poisonous material of the same quantity as that which had first induced the diseased condition. A minute quantity of small-pox matter, less in dimension than a pin's head will produce many thousands of pustules, each containing fifty times as much of the poison as had been originally employed. The contagium from a single child having whooping-cough has proved sufficient to infect a whole city.

Syphilitic Contamination.—A still more remarkable example of the rapid dissemination of zymotic diseases is given by Dr. Holmes in his *Lectures on Syphilitic Infection*. It is given in the official report of the departmental authorities of a district of Piedmont, Italy. Syphilis had been totally unknown. Forty-six children of various ages were simultaneously attacked with sores and chancres on their limbs, followed by buboes in the arm-pits, etc. They had all been inoculated with vaccine virus obtained directly or indirectly from a single infant that had contracted syphilis from a wet nurse. These children communicated the infection to their mothers, nurses and playmates, and the women in turn to their husbands. The whole population eventually became diseased from this source, but recovered under the treatment usual for the complaint.

A remarkable fact is that certain of these zymotic complaints which are disseminated by contagion seldom occur twice in the same individual. This appears to be the case with measles, varicella, parotitis, whooping-cough, and to a great extent with small-pox, scarlatina, typhus and typhoid fevers. The virus of zymotic diseases will retain its potency for an indefinite period, but is modified or intensified from various causes, like climate temperature and soil.

The Reputed Sources of Zymosis.—Our enquiry now brings us to the consideration of the origin of these morbid entities, fungous growths and parasites, which appear from the conjoint

action of external atmospheric conditions and the diseased bioplasm in individuals. A careful analysis in the case of cutaneous and blood diseases will show that the fungous organisms are the *product* of zymosis, and *not* the cause. The presence of bacteria and other parasites are by no means peculiar to contagious diseases. Every variety of skin-disorder or blood-poisoning has its own zymotic growth, which possesses the special properties of the disease producing it. As the acorn produces only the oak and not the thistle or some other plant, so the morbid bioplasm of small-pox or syphilis will only produce after its own kind.

Even in a normal condition the human body contains innumerable multitudes of bacteria or animalcula. There are few things which we eat or drink that do not have them. There is no place in the world from which germs and zymotic growths are known to be absent; nor is there an organism, high or low, vegetable or animal, healthy or diseased, in which the bacterium-germ does not exist. Undoubtedly it may remain apparently dormant for years, perhaps for centuries, in blazing light or impenetrable darkness, tropical heat or polar cold; and at the instant that circumstances favor development it may germinate. Even when quiescent, however, it is not altogether unproductive, but the germs are evolved less rapidly. A temperature high enough to destroy every other known form of life will not kill it; at least it will not at a certain stage of its existence. Like the acorn and the root-bulb, it possesses a resisting power which the fully-developed forms do not have. The germs of certain monads retain their vitality at a temperature of 148° C., when the monads themselves cannot endure 80° C.

Bacteria and Parasites not Harmful.—The fact that our food and drink contain animalcula and parasites in vast numbers, and that the fluids and secretions of the body teem with them is conclusive that they are not in themselves hurtful. Infants affected by slight intestinal derangement will have multitudes of them in their evacuations, and yet exhibit no disturbance of health.

Indeed, in such malignant diseases as diphtheria, typhoid, etc., bacteria are not to be found until the virulence and specific character of the poison have been destroyed by the commencing of

decomposition. In all dead and changing animal and vegetable substance, whether it is healthy or morbid, bacteria will grow and multiply. There is no morbid or contagious matter that they will not occupy and both live and thrive at its expense.

Here the mistake is made of taking the cause for the effect and the effect for the cause. Many energetic animal poisons when in the zenith of their activity, are destitute of bacteria, or nearly so. The energy of the virus diminishes in exact proportion as the bacteria increase in number. We also find many animal fluids which contain multitudes of them, but they produce no specific contagious disease. There is no rule, however, without an exception; nor is there a single physical condition which will not admit of variation or occasional departure from the recognized course. So with the *Bacterium contagiosum*. The bacterium may have become a vehicle of contagion in consequence of having *fed* upon morbid secretions or decomposed material in which the malignant potency yet remains.

The Contagious Bioplasm.—The contagious bioplast is an infinitesimal particle, colorless and so transparent and structureless as to be perceived with extreme difficulty in the fluid medium in which it is suspended. Such a particle may be easily transferred from an infected to an uninfected organism. It may be carried a long distance from its source without parting with its vitality, even being exposed to considerable changes of temperature; and it may excite in the invaded organism a series of changes, even to the minutest particulars, resembling the phenomena which characterized its presence in the organism from which it was originally derived. Some of these contagium-germs will even grow and multiply if placed in certain animal fluids, as milk or lamb's blood, while totally disconnected from any animate organism. Each kind of contagious bioplasm exhibits its own specific actions and only these. The bioplasm of small-pox will produce small-pox, but not typhus, measles or pyæmia; nor will any of these engender small-pox.

[TO BE CONTINUED.]

WHAT IS SAID OF US.

BY ALEXANDER WILDER, M. D., NEWARK, N. J.

IT is not well to be much disturbed about the ill-natured discourses of adversaries; they do not so often tell what is true, as what they desire shall pass for fact among the outside public. One of these distempered men is Dr. J. A. Ochterlony, of Louisville, Ky. He was a favored orator of the American Medical Association, at its last annual meeting, and discoursed on the *Progress of Medicine*. After a *resume* of the discoveries, real and unreal, which have been made, he added this characteristic "fling":

"In all this work the exclusive systems in medicine have had no share whatever. So far as any true advancement is concerned, they have been entirely barren. Not a single oasis relieves the dreariness of the view. Not a single original contribution has been made by them to Anatomy, Physiology, Histology, Chemistry, Pathology, Etiology and Public Hygiene. Nor is it known that any one belonging to the ranks of these irregulars has ever achieved distinction in the fruitful field of other sciences in which the cultivators of Scientific Medicine have won so much glory, and have performed such noble exploits. The names of Linnæus, Berzelius, Draper, Nott, and Leidy, and many others, form brilliant constellations which shall continue to illuminate the firmament of Science after Homœopathy and kindred delusions shall have been swept away by the relentless winds of oblivion."

The "relentless winds" that seem most eager to do this little job of sweeping would seem to be the windy gentleman's own rhetoric. Meanwhile, we will console ourselves in regard to the "oblivion," by citing the "delusions" of "regular practice," that have within the century gone thither before us. The period from 1776 to 1832 is described by Dr. Bowditch as the epoch of systems of medicine, wrought out by the imaginations of some few of the great leaders of our profession. They were "dogmatically, and often violently, asserted by real geniuses, and as slavishly adhered to by thousands of deluded, and at times foolish, followers."

Thomas Jefferson has given the following summary of the

history of this period, showing how the "delusions" of Allopathic Medicine followed rapidly upon the heels of each other, first into discredit and opprobrium, and then into "oblivion": "We have seen the fashions of Hoffmann, Boerhaave, Stahl, Cullen, and Brown, succeed one another like the shifting figures of a magic lantern; and their fancies, like the dresses of the annual doll-babies from Paris, becoming from their novelty the vogue of the day, and yielding to the next novelty their ephemeral favor."

During this very period Samuel Hahnemann, Samuel Thomson, and the leaders of the Eclectic School of Practice, began their labors; and it is answer enough to Dr. Ochterlony that they all are now increasing in favor and widening their influence, while the fine "fashions" and "fancies," mentioned by Mr. Jefferson, are only known by the *Encyclopædias*.

Dr. Benjamin Rush, of the same period, also declared that "the time must and will come when the general use of calomel, jalap and the lancet, shall be considered among the most essential articles of the knowledge and the rights of man." But a new epoch has given new ideas to what was "regular" in medicine. Now, no intelligent physician ventures to let his name be known as an adherent of these three "most essential articles." Whether Thomson, Hahnemann, Beach or Broussais, all or a part of them, did the work, the general use of these agencies, the distinctive symbols of "regular practice," is merging in infamy as well as oblivion.

The cackling about Linnæus and Berzelius, as the exclusive property of Old Physic, is the sublime of the absurd. After the same style, Englishmen crow over Americans about Spencer, Milton and Shakspeare, who are as much American property as British. Besides, Dr. Ochterlony knows that it is and has always been the policy and practice of the men of his *coterie* to sit down upon, ignore and crush all persons who had the temerity to dissent. Every art and artifice has been employed to silence their utterances, to heap ignominy upon them, and plagiarize their actual contributions to healing science. What use, then, for us to exhibit an oasis to eyes that are wilfully blinded, so as not to see even the sun at noonday? If we should name a discoverer, however noble and worthy, if he chanced to be "irregular,"

Tray, Blanche and Sweetheart would be set to worry him, and there would be a general emptying of calumnious filth upon his head. We accordingly refrain.

Another, whom we have always admired and honored, Oliver Wendell Holmes, has also had his little say :

“The Eclectics are the lineal descendants and heirs of the Thomsonians of a past generation, whose botany, as Prof. Asa Gray informs me, included not only *lo-belia*, but also ‘*high-belia*.’ The Eclectic writers and teachers seem to be a sort of half-armed medical militia, of the class that spells inflammation with one *m*, and whiskey without the *e* in the last syllable. I do not suppose their practice differs very much from that of those whom we call regular physicians. One of their ‘Professors’ who recently left the Eclectic for the regular ranks of the profession, gives as his reasons, that the original and cardinal doctrines of the Eclectic School—opposition to blood-letting and certain mineral remedies on the one hand, and the use of various new remedies on the other—have been largely adopted by the regular school of medicine. Whatever credit belongs to Samuel Thomson and his successors, the Eclectics, let us not deny them, but the real change of medical practice, so far as it can be traced to any individual sources, may with a good show of reason be laid at the door of such teaching as that of Louis on Blood-Letting; of Dr. Jacob Bigelow on Self-Limited Diseases; and of Sir John Forbes’ Nature and Art in Disease.”

We will add this additional clause as the proper climax: “and to the brave declaration of Oliver Wendell Holmes, that ‘if all medicines were thrown into the ocean, the result would be a benefit to mankind but bad for the fishes.’”

It is not correct that the Eclectics are descendants of the Thomsonians. The latter have always been and are still a distinct organization, and Dr. Holmes could find weapons against us in their utterances, if his own trenchant wit should be at fault. Nor is it quite fair to impute to us defective spelling. That fault exists all around. We remember well the prescription of a certain “regular,” “educated,” “quack-deriding” practitioner, that directed a certain quantity of aloes and rhubarb to be added to “a pint of sperrits.” Many physicians have little more than

an elementary primary education, and spell accordingly ; but most of these are not Eclectics.

Far be it from us to depreciate such men as Louis, Bigelow and Forbes. They did their work well. Yet we insist that the practitioners who were the physicians of the people had far more influence to effect the great revolution in the treatment of disease. Dr. Benjamin Waterhouse did not hesitate to award the medal of honor to Samuel Thomson, and Dr. Holmes could hardly be less just and candid.

Indeed, we invite him to a general review of our medical forces. Let the attainments, skill and other qualifications of the average Eclectic practitioners be fairly weighed against those of the great body of "regulars," Dr. Holmes himself being the umpire. We believe that he would honestly acknowledge that the "half-armed medical militia" were chiefly in his own ranks and following, and that the Eclectics were fully equal in the supply and quality of weapons, as well as of intelligence in handling them.

We agree further to achieve as much when the law-makers of this country help and support us as they have the others.

PRACTICAL PRECEPTS.

BY V. A. BAKER, M. D.

THE few lines I am about to write are intended more especially for the younger members of the profession. Knowing what I do from past experience, I can say heartily, that were I to start in life again as a practitioner of medicine, I would, 1st: Write no prescriptions, as a rule. 2nd: I would keep a record of my cases, especially of my chronic ones, alphabetically arranged, thus enabling me to keep them well in mind and make each an individual study, thus keeping as far as possible from empiricism in prescribing. 3d: I should make my patients pay me as I served them, or arrange satisfactorily. If poor and worthy I would not turn them away. Physicians do altogether too much for people who show their ingratitude by allowing their physician to go unpaid ; people who can pay, but do not. This is the fault of the doctor, largely. If a man makes himself

useful to his patrons by diligence in business, by doing his business well, cultivates his talent and adapts himself to their wants, they will conform to his business regulations, and reward him for his services, for they cannot afford to do without them.

The successful physician is full of resources, ready for emergencies, is cultivated and up in his profession, because he systematizes, reads, thinks, acts and shows at once, when opportunity offers, that he is the man for the place. To keep abreast of the profession, medical journals of the different schools should be read; medical societies should be attended; books on special and general subjects should not only be found in the library, but their contents should be familiar. If called upon to testify before justice, judge or jury, how gratifying to physician and friends if he is able to acquit himself creditably. In writing this I do not have in mind only the regularly educated physician of some school, but I remember also the young graduate, who, however well disciplined and learned in the sciences, is, after all, in practice a beginner, and will, as he goes from chapter to chapter of his experience, materially modify his views and improve upon methods.

Again, the little things pertaining to the treatment of the sick, are of great importance. The physician must see for himself whether the surroundings of his patient are right. If an acute ailment, as fever or inflammation, too much care cannot be exercised, as to temperature, ventilation, location as to noise, etc. Bad cellars, defective sewers, or slops about the house or grounds, are fruitful sources of disease, and all may be remedied, as a rule, by the physician. Water, too, should be boiled and restored to its normal temperature in nearly all cases of fever and other types of disease where the system is undergoing putrefactive changes, or where the chemical forces of the body transcend the vital. A physician is censurable in this day and age of understanding, when so much is actual and real, if he is not well informed in therapeutics and cannot manage cases of grave import, in accordance with the science of the healing art. We more especially allude to fever, inflammation and various forms of rapidly wasting disease. Symptomatology and differential diagnosis should be well studied. Take the following to illustrate :

Mary —, a medium sized, fairly developed brunette, aged nineteen, came with her “sweetheart” to consult me. I was misled in my understanding of the case at first, as the statement was made that she lived some miles out of the city in which I reside. She had been treated by a physician who pronounced her in a very critical condition—had symptoms of insanity, the doctor claimed, and advised the friends to watch her closely, lest she do herself injury. An examination revealed the following facts: Eight weeks before menstruation became scanty; appetite poor; she became despondent; would have at times strange sensations in the head; erratic pains; disturbed sleep, etc., until four weeks before when a period was due; it came on again scanty, almost ceased for a day or two, and then recommenced again. This lasted several days, limited in quantity, but no noticeable change in quality, when at its close she suddenly fell, in what he (attending physician) pronounced an “epileptic fit.” Restoratives soon revived her, but she talked and acted strangely, the friends said; was easily excited,—would sit a long time, seemingly abstracted, and when aroused by attendants would sometimes scream, or strike at them, etc. This continued for two weeks prior to my seeing her. The doctor’s statement had alarmed her friends. I said I was misled. I supposed she had been brought from a distance, but she had been residing in a hotel in this city, and a physician of the place had been attending her. The case is clearly one of hysteria, and while I was under the above impression, I said: “Your doctor simply made a mistake in diagnosis; there is no immediate danger in this case, and treatment will doubtless, soon restore her. The mistake in diagnosis had caused much anxiety and trouble, as her parents had been sent for, and were from home, on expense, two or three weeks, and as the first physician had pronounced her case so serious, even stating she would doubtless have to go to the asylum, the anxiety of her relatives can be imagined. I was soundly assailed as to motive by physician alluded to, but as remedies have subdued all the urgent symptoms—simple remedies, calculated to allay nervous hyperaesthesia and pelvic disturbance, I feel that a little time will set all right. The doctor in question had given opium, he informed me. I regard this as a mistake, even had the

first diagnosis been correct. The class of remedies indicated are: *Pulsatilla, Macrotys, Verbena, Viburnum, Cypripedium, etc. I prescribed in this case, Pulsatilla and Verbena, each gtt. xv; water $\frac{3}{4}$ iv; a teaspoonful every four hours; alternated with Viburnum and Cypripedium, each double the above quantity, given in teaspoonful doses. Attention to diet; quiet, and general management. Parents have returned to their home and the young lady is convalescent. I allude to this to illustrate that we must study our cases carefully and differentiate properly.

Finally, if we become useful members of the profession of our choice, we must read and think—daily as a rule—if only for a few minutes. We will in this way become conversant with advanced and experienced laborers in the field of science, and be able to acquit ourselves in a manly and satisfactory manner. In the near future I may write on the management and treatment of some forms of disease considered obscure.

ADRIAN, MICH., SEPTEMBER, 1882.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.
(AMERICAN AND FOREIGN.)

*BOSTON GYNÆCOLOGICAL AND OBSTETRICAL
SOCIETY.*

A REGULAR meeting of the above society was held on the evening of July 25th, Dr. E. E. Spencer, President in the chair. The attendance was rather larger than usual, a number of visitors being present, among them Prof. Alexander Wilder, of Newark, N. J. Dr. F. L. Gerald introduced a paper on the subject of Maternal Impressions, of which the following is an imperfect synopsis:

That vivid mental impressions, whether of joy, sorrow, anger, fear, or horror, frequently have a direct influence on the development of the fœtus, producing deformities, he believed rested upon a redundancy of proof. If this be true, and the physical development may be thus affected, why is it not reasonable to suppose that under similar disturbing influences, the moral nature may also become misshapen or deranged? That such unfortunate influences do have such an effect frequently we know—cases are

*Specific Tincture, so called.

too frequent to be regarded as mere coincidences—though we are all in the dark as to the way in which they operate, since the mother and fœtus have a distinct existence as regards their nervous systems and even their blood, and the presumption is therefore strong that so delicate and complex an organ as the brain may also be disturbed in its due and proper development or adjustment, thus producing idiocy. It did not seem unreasonable to him, to assume that to the same causes, or at least, pre-natal influences, might to a certain extent, be attributed much of the misery, disappointment and crime of the world, together with many of the moral monstrosities that infest society, and much of drunkenness, licentiousness and other forms of depravity. He regarded as an object of sincere pity, the woman who contracts marriage with a sensual man. She is looked upon and treated as a mere plaything, to administer his pleasures independent of her own desires; her life is one of lust and degradation, and is it strange that we find disease so common among women, or that the offspring are feeble, diseased, idiotic or deformed? Sexual excesses are certain to bring about a series of evils, which become the more alarming when persisted in at improper periods e. g. during pregnancy or the early months of lactation. All the surroundings of the pregnant woman should therefore be such as will conduce to cheerfulness; and the duty should be impressed upon her of avoiding the presence of disagreeable or unsightly objects, as well as all causes of excitement of every nature whatsoever, and of removing as quickly as she may, vivid and unpleasant impressions by quiet diversion of mind.

There is no doubt that in some cases education in the child, that is to be, commences during intra-uterine life. The outlines drawn by the artist, Flaxman, are esteemed the most perfect and graceful in existence. From earliest childhood he manifested an absorbing delight in drawing. His mother, a woman of refined and artistic tastes, used to relate that for months, prior to his birth, she spent hours daily in studying, and fixing in her mind, the most beautiful proportions of the human figure as portrayed by the masters. She was convinced that the genius of her son was the fruit of her own self-culture. What an incentive, to those about to become mothers, to cultivate refinement, high thoughts, and pure emotions, for thus they may endow their children with that which no after education can give them. Among the many instances narrated as bearing upon the subject in question, was one reported by Dalton. A woman during her pregnancy, dreamed that she saw a man who had lost a part of his ear. It made a great impression upon her, and when her child was born a portion of one ear was wanting, exactly as she had seen in her

dream. It has been affirmed, that a woman twice married sometimes bears children to the second husband which closely resemble the first, and this may be regarded as one of the most convincing proofs of the influence of the mind of the mother over her child.

Among the lower animals we find some striking examples of the effect of vivid impressions upon the nervous system. Dunglinson gives the following: Dr. Hugh Smith traveling through the rural districts, was annoyed by the dogs that ran out and barked as he passed through a small village. Among them he observed a little ugly cur that seemed particularly eager to become acquainted with a setter bitch that accompanied the doctor. He marked that the cur followed him some distance and was most assiduous in his attentions, which the setter seemed to appreciate and was most courteous to her admirer. Provoked at the sight, the doctor shot the cur, and carried the bitch for several miles. From that day, however, she lost her appetite; ate little or nothing; would not go abroad with her master, nor attend his call; and seemed to express sensible concern for the loss of her gallant admirer. Sometime later she was served by a setter of great excellence, which had been with great difficulty obtained, yet not a puppy did she bring forth, either in that or subsequent litters, that was not the exact image of the unfortunate cur the doctor had destroyed.

The condition of pregnancy is not one of disease, yet it calls for peculiar care or solicitude, lest it should lead to disease in mother or child. It should be remembered that the welfare of a new being is now in the balance. The woman has entered upon the circle of her maternal duties. She became a mother when conception took place. The child, though unborn, lives within her, its life a part of her life, and so frail in some cases that any violent emotion or indiscretion on her part may destroy it.

Dr. Miles thought the essay was timely, as much thought is given just now to the maternal influence on the child during gestation and lactation. He thoroughly believed that the evil influence on the child, to be, from the indulgence of the sexual appetite during gestation, was altogether under-estimated. He had no doubt but it often implanted in the child the strongest sexual appetite, as well as to greatly impair the nerve force of the offspring. This might all be done in parental ignorance of the results that would be likely to follow; the results would be all the same, nevertheless. In his opinion the sexual appetite, certainly sexual indulgence, should be entirely restrained during the period of gestation. The physician, in many instances, has a duty to perform in this direction. Informed, as he often is, of

this indulgence, he should properly advise the parents in this matter; the father especially, for he believed the nature of woman, as a rule, at this period, would seldom, uninfluenced, be excited in this direction.

How far the physical formation of the fœtus might be affected by the conditions of the mother, and the impressions she might receive during the time of pregnancy, he could not divine, but he felt sure enough that the mental and moral characteristics of the child were immensely influenced by the mother's condition while carrying it in utero. And here again the kindly and judicious advice of the family physician can frequently be of the utmost value as regards the child to come.

Prof. Wilder being invited to address the society, spoke in substance as follows: The great problem of Maternal Impressions deserves all the attention which it has received. It involves many of the questions in which the more popular doctrine of heredity is at fault. I am aware that the many examples cited will be offset by numerous analogous occurrences where similar apparent causes produced no such effects. It is, however, the Irishman's argument: "And am I to be hanged fur murther jist on the tistemony of those two spalpeens, whin I can bring more than fifty witnesses to swear that they did not see me do it?"

While many exceptions may be cited with great plausibility, and doubtless with accuracy, I must be permitted to avow my adhesion to the opinion that the phenomena attendant on maternity are sufficiently of this character to warrant the judgment of their superlative influence. We are just about what our mothers made us; I perhaps not much improved in growing up.

I have known of a few examples where children were marked by accidents suffered by the mother. In the neighborhood where I was born and grew up, was a family, not very thrifty, named Merritt. It was late winter and there had come a rain over night on the hard ground. Numerous little pools of water stood in depressions of the surface, which had been made by feet of animals, and afterward frozen stiff. The wife went out in the morning to a smoke-house to cut some meat for breakfast. Slipping down, one hand was plunged part way into one of those little collections of water. When her child was born its hand was incomplete, as though the part corresponding had been cut off and cicatrized over. In another case, where the parents had desired not to have a child, the infant was born with gashes upon it, so I was assured. As the gestatory period had not been abridged, I suppose that the desire was the cause. I think I have good reason to believe that there was nothing more than I have suggested. I would say in this connection that I more than sus-

pect that many of the flagrant examples of unfilial and other bad conduct on the part of children have their inception in the culpable thought and wishes of the parents.

Dr. Oliver Wendell Holmes has directed attention in several of his romances to possible influences of an abnormal character transmitted from former generations. The vision of Myrtle Hazard, in which her ancestral spirits of marked character seemed to merge themselves into her's, is wierd enough perhaps, but in no degree irrational. Elsie Venner, poisoned at the fountain of existence by the reptile that her mother encountered, may not be possible verity, but it is close on the border land of fact. The autocrat has a far-seeing vision in such directions.

The pre-natal career is certainly culculated to give a potent influence to the mother. She carries the child within her body during the formative period, nourishes it with her blood, and magnetizes it with her emotions, sentiments, hopes, fears, hatreds, passions, ambitions, and loves. All these change the very elements of the blood whether for good or evil. A child nursed after a fit of anger is liable to convulsions and death; and it will suffer where the mother or nurse has impoverishment of blood from other moral disturbances. Certainly the influence during the pre-natal period must be still more energetic.

The paper which has been read indicates that the animal races are susceptible of analogous phenomena. The coupling of animals of diverse species is pretty certain to produce permanent results on the females. Perhaps it would be found so likewise in regard to males, if pains were taken to observe. In the primeval theories of marriage, somewhat of this idea is apparent: "A man shall forsake father and mother, and cleave to his wife, and they twain shall be one flesh." If they are "one flesh," or as the same body, they will remain so after there has been death or separation. Certainly it is upon this idea that facile divorcing is dis-countenanced in the 19th of Matthew. In several countries of the East a wife was the connubial associate of all the family, the propinquity of blood being such as to ally her alike to all. Out of this came the levirate marriage of the Hebrews, that when a man died his widow became the wife of the brother. In the Sabine law, which the Roman patricians, and I think the Eupatrid Greeks followed, the wife was regarded as affiliated by adoption, if not by blood, as the *filia sposæ*.

Widows having children by a later husband are very likely to produce them after the likeness of the first. Sometimes, indeed, there is almost an utter failure to find a lineament of the actual genitor. This might be used as a very effective caution to young persons in regard to themselves. There may be no overt

misconduct, and yet a lover so impress his image upon a female as to become the virtual father of her offspring. It is the imagination rather than actual contact which makes the mysterious affiliation. Does this account for the Oriental practice of shutting women up? Did the men of former time know of this effect of captivating a woman's imagination?

There is enough true to warrant more notice to this matter. That wives and mothers should have more considerate and affectionate attention, so as to make parentage always a welcomed event, is of vital importance to the child's well-being. The moral and spiritual nature are more potent than the mere incidents of blood or even of temperament. The human race are not to be introduced into existence in accordance with the devices of the stock-herder, but by a higher law. Let there be genuine connubial relations, unselfish parentage, and the other moral conditions, and we may reasonably hope that the generations of human beings will be pure and healthful. The interior mind and nature will govern.

NEW YORK ACADEMY OF MEDICINE.

ATTENTION was directed to the dangers and the benefits following the use of

VAGINAL DOUCHES

of hot water. To prevent entrance of water into the uterus, the central aperture in the nozzle of the syringe should be plugged, and further safety was secured by bending the nozzle and plugging the holes on the convex surface. Dr. Castle endorsed all that Dr. Emmet had claimed for the efficacy of this measure in the treatment of pelvic diseases. He doubted the special efficacy of medicated vaginal injections, but believed that the benefit to be derived from the use of the hot water could be increased by the addition of common salt. His method of using the vaginal douche was to have the patient resort to it while taking a hip bath.

The discussion was opened by Dr. H. T. Hanks, who regarded the points referred to by the author of the paper as of practical importance, and he had been especially interested in what had been said concerning the troublesome class of cases seen in connection with the occurrence of the menopause. He also thought that many could bear testimony to the truth of the statement made by Dr. Castle, concerning flatulence as one of the causes of uterine displacement, particularly prolapsus. At least, prolapsus was very commonly complicated with constipation, flatulence and

indigestion, and the former was very much aggravated by the latter.

With reference to retroversion, with fixation and the occurrence of hemorrhage as a symptom, he thought it might be true during the first three months; but, when the condition became chronic, hemorrhage from the bowel did not occur; it was present only during the inflammatory stage of the retroversion, with cellulitis.

With regard to anteversion pessaries, he had not yet found one which acted satisfactorily. He had not yet found Gehrung's instrument in the position in which it was introduced, and he had had occasion to remove more than twenty of them. He could say the same of Dr. Thomas' latest anteversion instrument, and he had removed three within the last week. The instrument kept the uterus up, but Dr. Hanks thought that it did not do it in the best way. He had found the short anteversion pessaries, which simply passed up in front of the uterus, of little use, and, in the vast majority of cases, the so-called short anteversion pessaries did much harm when left undisturbed for two weeks. From a long experience at the Demilt Dispensary, and a somewhat shorter one at the Woman's Hospital, as well as from his private practice, he was *certain* that he could treat successfully all cases of anteversion without pessaries, except when it was accompanied by prolapsus in the first degree. When that condition existed, he had been well pleased with the use of Thomas' *hinge saddle-pessary*, and believed that others would find it effectual. The pessary to which he referred was an Albert H. Smith pessary, with a second piece for the cervix to rest upon, hinged at its wide extremity. This instrument raises the uterus from the floor of the vagina, and at the same time corrects the anteversion.

Dr. Paul F. Munde referred to certain cases of nervous disturbance occurring during the change of life, and thought that while the symptoms might be manifold there was danger of attributing too little to them on one hand and too much on the other. The extremes should be avoided.

Concerning dyspepsia and flatulence as a cause of prolapsus uteri, he thought that the primary cause existed in malnutrition, and consequent relaxation of tissues, and although the flatulence might aid in producing the displacement and aggravated the condition, the author of the paper had laid more stress upon it, perhaps, as a causative agent than he would be willing to do.

With reference to hemorrhage, with ulceration of the rectum, as a symptom in retroversions with fixation, the statement was rather new to him, and he would take pleasure in making investigations in that direction.

He thought Dr. Castle had overlooked the fact, in speaking of

the treatment by vaginal and rectal distention with air, that the rectum itself, in very many cases, was also bound down, and would prevent the uterus from being lifted forward, and, therefore, the method would fail in a large proportion of instances.

The cradle-pessary, shown by Dr. Castle, Schnetter devised by elongating a ring, and bending it upon itself, and he had found it useful in cases of cystocele, and also anteversion, especially when its branches were flared outward. The trouble with all anteversion pessaries, however, was that they pressed too deeply into the wall of the vagina, and, sooner or later, were sure to do damage.

He was ready to take back what he had said in his book on the "Minor Surgical Gynecology," concerning the value of Gehrung's anteversion pessary. In addition, he had found that the instrument sometimes overdid the work and *retroverted* the uterus.

He was pleased with the latest modification of anteflexion pessary which Dr. Thomas had given; namely, the open cup with a hinge. He had modified it by sinking the hinge, so as to lessen the liability to do injury to the soft parts. There were, however, two objections to the instrument: (1) It may produce erosion of the anterior wall of the vagina by pressure; and (2) it was liable to become foul from concealment of the discharges where they could not be reached by any cleansing injections.

Dr. Munde then referred to the plugging of the central hole in the nozzle of the syringe used for vaginal injections or douches, to which attention had long ago been directed, and also to the absorbing power of the vagina which he believed existed, although not equal to that possessed by the rectum.

Dr. T. A. Emmet thought that a great deal of the difficulty encountered with reference to the displacements, and the use of pessaries, existed in the lack of correct diagnosis at the beginning. A great deal of ingenuity had been wasted, from the fact that there was not a proper appreciation always of exactly what it was desirable to accomplish.

He did not regard anteversion of the uterus as a malposition, and, so long as the view was held that it was a malposition, just so long practitioners would be misled concerning it.

One of the commonest errors made was neglecting to examine by the rectum, in order to discover whether or not inflammation existed behind the uterus in the utero-sacral ligaments. A small amount of inflammation existing there would produce those symptoms which were commonly recognized as belonging to displacement of the uterus forward. Now, with inflammation behind the uterus, if an attempt was made to correct the antever-

sion by the use of a pessary, displacement would surely follow.

Another important point to be determined was, whether or not the irritation was due to the displacement, if one existed. The first impulse, nearly always, if prolapsus, or anteversion, or retroversion was present, was to correct the position of the uterus, and in his experience he had found it one of the commonest errors to attempt to force the uterus into *the* position which, as it was thought, it should occupy, without making a complete diagnosis. In such cases the use of a pessary did a great deal of harm. When the utero-sacral ligaments were inflamed, the symptoms could be relieved by lifting the uterus a trifle, just enough to relieve the vessels, and sometimes that could be done by means of Gehrung's pessary, or a small India-rubber disc, or packing the vagina with cotton, so as to restore the circulation. He thought that the importance of supplementing a vaginal by a rectal examination could not be too strongly stated, for a condition of affairs could be recognized by the latter which it was impossible to determine by the former alone. It mattered but little what the pessary was, so long as the object to be attained was properly appreciated.

With regard to vaginal injections, he would simply say that the woman who would not take them lying down should be prohibited from using them. The horizontal posture was as necessary to the emptying of the vessels as it was to the emptying of the varicose vessels of a lower extremity, and should be insisted upon. He always directed the patient to pass the nozzle of the syringe toward the well side, and as a rule, that precaution would avoid throwing water into the uterus.

Dr. W. T. Lusk said that the inflammation of the utero-sacral ligaments referred to by Dr. Emmet was an exceedingly important question. About ten years ago, Schultze wrote, and insisted upon the fact, that anteversion of the uterus gave rise to no bad symptoms, unless there was an inflammatory deposit in these ligaments, and for the relief of that condition invented the cradle-pessary shown by Dr. Castle. Dr. Lusk had nearly discarded Gehrung's pessary. Perhaps, if it could be closely watched, it might be able to do much good, but in hospital practice he had always found it displaced soon after it had been inserted. He had found the pessary exhibited by Dr. Castle to be a very satisfactory instrument, but, like all anteversion pessaries, it must be removed from time to time, else damage would be done to the anterior vaginal wall.

In estimating the liability of the vaginal douche to produce serious symptoms, he thought another source of bearing-down pains, such as follow the entrance of water into the uterine cavity,

should not be lost sight of, and that was excessive stretching of the vagina. In a certain number of well-authenticated cases, the vaginal injections employed after Kiwisch's method for the induction of pre-mature labor, had been followed by local peritonitis, due, as was believed, to over-stretching of the vagina.

The President remarked that he had been interested for many years in the study of the functional disturbances incident to cessation of menstruation, and, according to his experience, laxatives and purgatives were useful in a certain class of cases and injurious in another. He regarded them as extremely useful where there was a tendency at the climacteric period to plethora, to become stout, and the patients suffered from palpitation and a feeling of pressure in the head, etc. In those cases he ordered the patient to take a saline laxative daily, for a few days, at the time corresponding to that at which menstruation usually occurred. But there was another class—that in which the patient suffered from cold feet and extremities, face flushed perhaps, tendency to vertigo, had shortness of breath on exercise, sense of depression, etc.,—in which purgatives and saline laxatives would be the worst treatment, but, on the other hand, marked benefit followed the use of the bromide of potassium, eight or ten grains, three times a day, combined with iron—preferably the lactate. With reference to arsenic, there was no remedy more efficient in cases in which the nerve-tonic was needed, and in which the sense of depression and exhaustion were prominent symptoms. It was a remedy which he had used and recommended for many years, and with very satisfactory results. He had found it almost a specific in the class of cases in which there was a small loss of blood daily, perhaps not more than a teaspoonful, but sometimes prolonged for weeks, and accompanied by great depression, though not the cause of it.

The President did not think that flatulence ever gave rise to anteversion of the uterus. In his early practice, when he had charge of a large clinic for diseases of women, and subsequently when in charge of a large hospital practice, he had not seen it as a cause of displacement in that class of patients, although he had watched for it in private practice among those in good circumstances and had met with it and made it a special indication for treatment.

As was well known, he was not an enthusiastic advocate of pessaries, and his conviction was that displacements had received more attention than certain general pathological conditions which were of infinitely greater importance, and, when removed, the uterus would of itself recover its position perfectly. He believed that it was a mistake very commonly made to regard the uterus

as an organ which occupied a positive fixed situation; for it is constantly changed by the condition of the intestines, the bladder, position of the patient, etc., and the changes in position during utero-gestation are very marked. When, therefore, the attempt was made to treat it as though it should occupy a fixed position, a mistake was very liable to be made, inasmuch as its normal and physiological changes in position were extensive. He had found retroflexion, due to flatulence, very frequently, and had for many years made use of measures intended especially to correct that condition, such as combinations of nitric acid and nux vomica, with carminatives, perhaps with morphia, and with salicine, in ten or fifteen grain doses, when malarial poisoning manifested itself. When the displacement was associated with hæmorrhoids, he gave such agents as stimulated the hepatic function, as well as kept the intestines far from accumulation of gases. With reference to Gehrung's pessary, he had removed a hundred or more within a few years, and had used it in one or two patients. For cystocele in old ladies, he had employed it with benefit, when the financial condition of the patient was such as permitted him to give the pessary the attention which it really required.

Dr. Castle, in closing the discussion, said he intended to be understood as saying that the treatment of retro-displacements, by means of inflating the vagina and rectum, would be of service only where the rectum was not bound down.

With regard to hemorrhage from the bowels in cases of retroversion with fixation, he had seen it without hæmorrhoids, and his explanation was that it was due to an abrasion of the mucous membrane, produced by the passage of hardened fæces through the narrowed canal.—*Medical News.*

SELECTIONS.

THE INFLUENCE OF SEXUAL EXCITEMENT UPON WOUNDS.

In a paper recently published in the *Lyon Medical*, M. Poncet draws attention to the evil effects of sexual intercourse when indulged in during convalescence from injuries, operations, etc., and suggests that this may be a not very unfrequent although unrecognized cause of some of the mishaps and complications that occur in private practice. The sexual act that produces a certain amount of shock, which M. Poncet thinks may be placed

side by side with traumatic shock, and which leaves the patient for a certain time after indulgence in a condition of "least resistance," during which he is susceptible to morbid influence. With regard to the impression produced even in health by the act of coitus, some thermometrical experiments undertaken by an interne of the Lyon Hospital are quoted. A thermometer placed in the rectum was carefully observed on nine occasions, and it was found that the temperature was always from five tenths to six tenths of a degree Centigrade (nearly 1° F.) lower just after than before coitus. During the act the temperature rose slightly above normal.

In illustration of his views M. Poncet gives notes of seven cases observed in his own practice, where complications were ascertained to have followed coitus. Four of these patients had lesions of the hand or finger, and all were going well up to the time of sexual indulgence, which was quickly followed by pain and swelling of the injured part in one case, and in three others by inflammation of the lymphatics, which went on to suppuration in two. In another case chronic tetanus was attributed to the disturbing effects of coitus and yet in another the non union of a fracture. In the latter case union took place when the man was removed from his mistress who had been nursing him. In the seventh case pyemia and death are referred to a similar cause. The patient had undergone amputation for an injury, and was in the country away from any known septic influences. The wound was healthy and granulating, when on the eighteenth day after the operation he had intercourse. Rigors quickly followed, and death occurred five days later. A somewhat similar case is mentioned on the authority of Ollier. Though these cases are all surgical, M. Poncet also refers to the adverse influence of sexual excitement in some other diseases, notably diabetes and gout.—*British Medical Journal*.—*Virginia Medical Monthly*.

ANTI-PYRETICS, ETC., IN TYPHOID FEVER.

IN a lecture delivered at the New York Hospital, by Dr. Wm. H. Draper, the following hints are given as to the management of typhoid fever which will ere long be the disease of the season :

The fever in typhoid is naturally a very exhausting one. The patient emaciates rapidly, because of the active combustion of the tissues, due to the high temperature. When the fever is at its height, the patient usually assumes the dorsal decubitus, and shows all the signs of supreme exhaustion. There is no muscular movement, no expression in the features, but a vacant and dull look. Sordes collect on the lips, teet, and nostrils.

The fever is simply the using up of the patient, consuming the energy that is set free. Hence, for each degree of reduction the danger is correspondingly lessened. To reduce the temperature is, therefore, the most essential feature.

Proper adjustment of the clothing, proper attention to food and drink should always receive careful attention. Besides their cooling effects, drinks also facilitate peristalsis, and assist in removing matters produced in the retrograde movement. It may even be necessary to act on the bowels to depurate the system of these effete materials.

Rest.—Rest is absolutely essential. The patient should be protected from any source of irritation, and there should be no muscular movements whatever. This should be insisted upon, as patients often exhaust themselves greatly during the early stages of the disease, and thus lessen materially their chances of recovery.

Diet.—A milk diet is the best in the great majority of cases. Some patients cannot take a purely milk diet for a long period. In such instances animal broths may be given. But these must be fluid, concentrated, and rich in all the elements of animal fibre, and not merely a solution of a few salts with extractive matters.

Quinine.—Extraordinarily large amounts of this drug are needed. The striking effect of quinia shown in this patient cannot be looked for in small doses. In other fevers, *e. g.*, malarial, surgical, etc., quinine thus administered exerts its specific power, but moderate doses in typhoid fever produces no such effect.

Alcohol.—In regard to alcohol as an antipyretic in typhoid fever, and in fact all high grades of temperature from any cause, there can be no question of its ability. Alcohol is an antipyretic in that it does reduce the temperature. At the same time its action in fevers is explained not only by its antipyretic effect, but also by its stimulating and supporting the heart, and by supplying something, a “food,” out of which force is eliminated for the vital functions. Hence its utility in fevers. It is a very unstable hydrocarbon, and is, therefore, very combustible. In the body it has the same combustibility, and thus eliminates energy and obviates the loss and exhaustion resulting from the combustion of the patient’s tissues. The same would obtain of any food, the latent force becoming the active energy of the body.

One of the most striking effects of alcohol is the almost utter impossibility to intoxicate in high fever. When alcohol circulates in the blood, when it produces its specific effect, it intoxicates. But when consumed like any other food, this specific action is not shown.

The power to digest alcohol varies in different persons. In some a teaspoonful may cause intoxication. Others take large quantities in health and experience no effect whatever. This is principally due to a greater power of digestion for alcohol. The same is found even for ordinary foods. In febrile conditions, however, the ability to consume is uniform. In typhoid and similar fevers a patient will take large quantities of alcohol (even a quart of brandy in twenty-four hours) without any of the usual symptoms of alcoholism, any of the cerebro-spinal effects, or even any odor upon the breath. Also, the patient is not only not rendered delirious but the delirium is quieted by alcohol; he thus obtains possession of his senses by those means which under other circumstances would deprive him of them. This action of alcohol is of specific value, not only in typhoid but in all fevers, and at all ages. Even infants are able to tolerate doses in fever that would otherwise set them wild.

There is only one explanation of this. Alcohol being very combustible is oxidized and split up by the fever into its elements, H_2O and CO_2 , water and carbon dioxide, thus by its decomposition liberating its potential force and saving combustion of the patient's tissues.

The feeding of fever, therefore, constitutes one of the most important elements in its treatment. For this purpose alcohol as a food is most easily disintegrated and yields most readily its power. Hence it is indicated in all continued fevers when the patient is suffering from the effects of combustion.

Alcohol also stimulates the nervous centres. The heart becomes more steady and firm, and the first sound, which may have been feeble or absent, becomes distinct. By its stimulating effect it will also quell the delirium and control the locomotor disturbances. In the use of alcohol in fever, it is important to bear in mind the indications for its administration.

Alcohol is required when the patient exhibits symptoms of great nervous prostration, with subsultus, delirium at night, jactitation, with a position in bed indicating great physical debility, and a very dry tongue; all coming on with the increase of temperature.

If alcohol be administered it will quiet the delirium and the locomotor derangements; the patient will sleep quietly, the tongue will become moist, and the whole aspect of the case will be changed for the better. If, however, it increases the frequency of the pulse, if the delirium becomes more active, the tongue more dry, the skin hot and parched; if the motor spasms, tremulousness, subsultus, and restlessness are aggravated by alcohol, it is doing harm.

In all cases it is important that the temperature fall and the pulse become less frequent until regulated from one twelve hours to another. In regard to the administration, the potent property lies in the amount of alcohol. Brandy or whiskey is preferable to fermented preparations. It is exceedingly desirous to prevent anything like fermentative dyspepsia, hence wines and especially beer should be avoided. Old wines were thought to be excellent. Alcohol does the good, however, and the simplest way is the best. It is best taken with the food; given with milk it is thus diluted and rendered bland.

The amount of alcohol to be administered varies with the patient. This consideration needs careful and intelligent observation of the symptoms. There is no strict law. It should be given until the desired effect is obtained. The amount usually ranges from $\frac{3}{4}$ iv. to $\frac{3}{4}$ xxiv. But in the majority of cases it will be necessary to give the largest quantity in the twelve hours from 6 P. M. to 6 A. M. During this period all the vital powers, the respiration, pulse, and temperature reach their lowest. Therefore the greatest failure in these hours need the greatest amount of stimulation.

In typhoid fever many symptoms may arise which require special attention. Insomnia may be exceedingly distressing, and, as a rule, opium may be used in moderate doses. It not only produces sleep at night, but helps the patient to bear the exhaustion. Diffusible stimulants, ammonii carbonates, etc., may also be needed. Digitalis may be necessary to help tide over the dangers.

MANAGEMENT OF THE ACCIDENTS IN TYPHOID FEVER.

Certain complications may occur in the course of typhoid fever. The principal accidents which may imperil the patient are (1) congestion of the lungs; (2) perforation of the intestine; (3) perforation of a blood-vessel. All these require special attention.

1. Cough is almost always present, dependent upon a moderate degree of bronchial catarrh. There is always more or less congestion at the base of the lungs, owing to the feeble circulation, the dorsal decubitus, the weakened muscular fibres, and shallow breathing. A good plan is to have the patient sit up for a while, or change his position, in order that by forced inspiration the lungs may become more inflated than otherwise. It is always necessary to increase the force of the heart's action. Oil-silk jackets may be used, or the patient can be wrapped in cotton. If the bronchitis is severe, dry cups should be applied.

2. The symptoms of intestinal perforation are acute pain, accompanied by rigors; a sudden prostration, and a very remark-

able degree of collapse. This accident makes the prognosis more serious. It is possible to produce a reaction sufficient to set up a peritonitis; nevertheless, as the patient is in a state of collapse and in immediate danger, stimulants and opium are indicated. Opium has a most beneficial effect on the heart, and should at once be given hypodermically, to insure a speedy effect. There is no use in applying leeches, blisters, etc.

3. Blood in the stools, indicating that a blood-vessel has been perforated by one of the ulcerating Peyer's glands, is a grave and serious symptom. Absolute repose should be obtained, and the diarrhœa, and even the patient's desire to defecate, be controlled if possible. Opium is, therefore, indicated. Styptics should be administered per anum. These do no good by the mouth, as the lesion is situated so far down the intestine.—*Medical Record*.

EDITORIAL.

“In things essential, unity; in things doubtful, liberty; in all things, charity.”

VACATIONS AND THEIR RESULTS.

A WORD of warning may be not out of season for the many members of our own profession and the multitude of energetic workers in the several branches of industry who are returning to their labors, and taking up again the thread of a routine life with a mingled feeling of freshness, the pleasing effect of change, and that jaded sense of mental and physical “stiffness,”—a sort of moral myalgia—which are the contingent consequences of unaccustomed exercise, and the really great effort it is necessary to make in these days of piping energy, to secure a holiday.

The recuperative effects of a change are by no means, as everybody is apt to suppose or assume, immediate in their manifestations. The change is *from* one state to another, and it is accomplished *through* a series of mutations which, in the great majority of instances at least, may be easily recognized. Either stage of the beneficial process may be delayed or interrupted, to the detriment of any part of the system. For example, it not unfrequently happens that the good expected from a release from labor is not realized because the holiday-maker is unable to detach himself mentally from the business cares and worries he ought to have left behind him, or perhaps habit has so linked his life to a particular routine of exercise, or physical idleness, that he is not able at first to dispense with the conditions incorporated in

custom. Or, again, the physical work exacted from the pleasure seeker may be uncongenial because unaccustomed, or inordinate inactivity may cripple his energies. In any of a score of ways the beneficial action of change may be impeded or wholly prevented. It is, however, with the return to habitual ways of life and duty we are for the moment interested, and it is at this point that the possible benefits of a holiday are very often lost. It is not enough to return to work with an increased stock of strength and some of the cobwebs blown away.

There ought to be a revival of interest in work, without a revival of its too frequent concomitant, a sudden renewal of the old anxieties. Every life has its difficulties, and each individual his special cares; but when the whilom pleasure taker goes back to his work with a sigh, not of relief but of anxiety, there is reason to fear that he has scarcely recovered that equanimity and resilience of mind without which flesh is a weariness and life a toil. Meanwhile no small part of the uneasy or ungainly reluctance with which even men of spirit resume their labors after a holiday is directly due to the awkward fashion in which they strive to recover the threads of routine duty and enterprise. A man fresh from the seaside, the lakes, or Mount Washington, plunges headlong into business, as he would plunge from a boat or jutting rock into his invigorating fresh or salt water bath. He forgets that the element into which he is plunging is one wherein he must remain immersed for at least some months to come. It is better to emulate the children's method of dabbling at first, and to postpone the period when the head must fairly be submerged, as long as possible. In short, the ordinary burdens and worry of life should be taken up slowly. Too many of us carry our work with us, or leave the business at home in such dire disorder there that is an increase of anxiety, or at best, no sense of ease and refreshment. Some more unwise than their fellows, add to their burden while away, and return the worse, instead of the better, for the respite.

STERILITY.—A PERIOD FOR FECUNDATION.

IN ancient times it was regarded as a matter of reproach to a woman, if she was barren. Thus we read the scriptural accounts of Sarah and Rachel, who, long sterile, became fertile, the former when upwards of ninety years, while numerous instances are recorded in which kings and emperors have put away consorts, in some cases undoubtedly loved, that another and more fruitful alliance might be formed, Napoleon being a notable example. But mark the revolution in these days, to be childless

is no longer a reproach, but is to be quite in the fashion, and is regarded as a condition devoutly to be desired by the average feminine heart. This applies particularly to women of the wealthier class, and with peculiar force to those of our own country. In this connection it may be excusable to repeat the remark of a celebrated French actress, who, stung by a taunt concerning children born out of wedlock, said that she thought it less a reproach to have children, being unmarried, as she did, than to be married and have no children as the American women did. Still there are good women and true, in whom the mother instinct is strong, and who yearn for the laughter and love of a little child, and whose lives and homes are saddened by the absence of them. Then too the entailment of vast estates and fortunes or the perpetuation of a family name may depend upon the fecundity of one woman, and so not unfrequently the advice of the physician is sought. Of course the relief of this condition, will depend much upon the removal of its cause.

Endo-metritis is a probable, and endo-cervicitis an effectual, bar to pregnancy, together with most malpositions of the uterus. Some one has suggested that though the vaginal secretion is acescent in reaction, especially if leucorrhœa be present, still in certain cases the usual acidity becomes greatly intensified, and this acting upon the spermatic fluid destroys its vitality. That this theory is based upon fact, its promulgator proves by cases cited in which sterility of long standing was remedied by alkaline injections, and alkalies administered internally. Dubois mentions a case in which there was an absence of the normal vaginal secretion, and sterility was removed by the use of warm water injections employed immediately after copulation. It would appear from this that a certain amount of natural secretion favors, or is necessary, to the migration of the spermatozoa, but we would regard this as a cause of unfruitfulness not often present.

We recall a series of five or six cases, in which the obstacle seemed to be a mechanical one, and in which the dilatation of the cervical canal, by means of graduated sounds, repeated in some cases four or five times, in each was followed by impregnation. We also remember the case of a peasant woman who applied at the clinic of Prof. C. Braun, at Vienna, who, though several years married, and apparently in perfect health, was sterile. In that land of loose morals, marriage is only necessary, and, generally speaking, is only sought by those desiring the comforts of a home, and the rearing of children.

It was explained that much depended upon the woman becoming fertile, for should she continue unfruitful, she would be sent back to her mother in disgrace. Examination revealed an abnor-

mal conformation of the uterus. The cervical canal was pervious, but within the organ itself, was found a cavity containing pent up menstrual detritus which was evacuated. Whether the operation was a success, in the sense in which it was undertaken, or not, we do not know, but the case gave rise to some local interest and, if we mistake not, found its way into the journals of this country. Dr. Cohenstein, of Heidelberg, believes that every woman is, at different times, more or less favorable for fecundation, this period being termed the "Period of Predilection." He narrates the following case as confirming his opinion:

A woman, aged thirty, in good health and of healthy parentage, gave birth some years before consulting him, to a child before term, but had ever since been sterile. Sterility was not caused by the state of the organs of generation. Dr. C—— calculated that had the child gone to full term, it would have been born about the middle of February; and consequently conception must have taken place in May of the preceding year. He regarded this as probably the epoch for fecundation in the case, and so informed the wife and husband, the result being that in the following May the menses were arrested, and nine months later the woman gave birth to a healthy child. The theory seems a reasonable one, and worthy the attention of accoucheurs. It would be easy, in a suitable case, to determine its value.

"KINDERMEHL."

WHEN the mother's milk fails or becomes unsuitable on account of illness or pregnancy, and the pecuniary circumstances of the family are such as will not admit of the procurement of a wet nurse, the important and difficult duty devolves upon the physician of deciding what the diet shall be for the little one thus robbed of its natural aliment. When we consider that the chief cause of intestinal catarrh, or other diarrhœal trouble in the young child, when not due to exposure to cold, is the use of indigestible, and therefore irritating, food, the extreme importance of the food selected being of suitable nature, properly prepared, and given in proper quantity and after proper intervals, becomes apparent. As breast milk is by far the best food, during the first year of life, either in health or disease, the belief seems reasonable that the best substitute for it is cow's milk, when fresh and of good quality, since it more nearly approximates it in ingredients and chemical character than any of the synthetical preparations. Experience proves this to be a fact, generally speaking, and particularly in the rural districts where good cow's milk may be obtained at all times, and other causes of diarrhœa in infants are

not operative ; but in the midst of a large city whose milk supply, coming from remote dairies, is received but once in twenty-four hours, it becomes a great difficulty, often an impossibility, to keep milk in a condition suitable for use. The milk of "stall-fed" animals is always acid, and therefore unsuitable. Cases occur, and that not unfrequently during the heated term, in which it becomes necessary to discontinue the use of milk altogether, and then recourse must be had to some one of the many chemically prepared foods, many of which are of exceedingly doubtful value. Among the best forms of food in common use in this country, is Liebig's, now prepared by three competent parties, Mellin, Hawley and Horlick, but in the treatment of diarrhœal maladies, it will often be found too laxative, though it agrees well with most children in health. In a recent case of entero-colitis in our practice, cow's milk, of undoubted quality, was so imperfectly digested, and passed the bowel so quickly, that we were compelled to discontinue its use. We tried in turn condensed milk, the food alluded to above, and others, but with no success. At length we turned as a last resort to a preparation known as Nestle's Milk Food, and the benefit was apparent almost from the first spoonful—the evacuations which had been from twelve to twenty in the twenty-four hours, dropping to two, in the same length of time, after its use was commenced.

This is not intended as a puff for a proprietary article, not even as an indorsement of an advertiser ; we only relate our experience, thinking it may be of benefit to some one of our readers, and because we would "speak well of the bridge that carries us over," for it proved of inestimable value once in our own family. Owing to a failure of the mother's milk, it became necessary to wean our oldest boy, when but five months of age. Being in a foreign land we resorted to those means with which we were acquainted, obtaining a seemingly good quality of cow's milk, but it wholly disagreed. Though urged to give him "Kinder-mehl," as Nestle's Food is there called, we did not do so until we had given a fair trial to each of the preparations with which we were familiar, and our list was exhausted and our boy also ; the child was in a pitiful condition. The very first meal of that food, seemed to stay the downward progress—he relished it, and in a short time would not have been recognized as the wasted and feeble child of a short time before. Afterward in the service of Prof. Monti, at the "Polyklinik," we saw it given to some thousands of wasted and rachitic children, and the results were in the highest degree satisfactory ; almost without an exception the benefit was marked and rapid. We believe this food has been but little tried here. In England and throughout the con-

tinient, it is used almost exclusively, if we may judge from what we saw. It is a dry powder, is mixed with water only, a great advantage; is easily prepared, and children take it with avidity. We do not believe it will agree with every child, nature herself sometimes fails, the mother's milk disagreeing in some cases, but we doubt if anything else will suit as many; and we recommend it most heartily to those of our readers who find it necessary to procure a substitute for the natural food, and also find the preparations in which they have trusted, fail them.

A TIMELY TOPIC.

IN these days the columns of the daily papers teem with advertisements of various sure cures for cholera infantum, or other intestinal or digestive ailment which is liable to attack the infant or adult. Nor is this confined to the lay press, nearly every exchange has come to us freighted with wisdom (?) in the form of editorial or original communication upon the same doleful subject, many of them having also an unmistakable tone of advertisement about them. A comparison of these articles is amusing, and could not fail to impress one with the vast resources of modern medicine, since as many as a dozen or more plans of treatment are proposed, some of them the direct opposite of others, which, if the statements of the promulgator or advocate may be accepted, are all but infallible. One advises a laxative, first, to remove from the intestinal tract any source of offense; another says the laxative itself is an offense, and by its use valuable time and lives are lost; a third pins his faith upon opium and calomel, while another less heroic, berates the stupidity, that would ascribe the seeming benefit obtained (it is but seeming) by such a combination, to anything but the opium, and contends for its use divorced from such an unholy alliance.

Some of our readers may expect us to add our mite to the mass of what has been said, good, bad and indifferent. For our part we doubt much if the combination of small doses of aconite and ipecac, can be much improved upon. The ipecac is of special use if the stomach be irritable in a marked degree (sure to be if the case be one of genuine cholera infantum) and this combined with preparations to promote digestion—pepsin if a good article can be had—would be preferred by us as a routine practice, though there are cases now and then in which the addition of nux vomica or some other remedy according to indications is an improvement, and is employed. Smith gives the proportions of a formula which has given better results, he thinks, in the various charitable institutions with which he is connected, than even the ipecac

in small doses. It is as follows: *R.*—Tinct. Opii Deodorat, gtt. xvi.; Bismuthi Subnitratis, ʒ ii.; Syrupi Simp., ʒ iv.; Mist Cretæ, q. s., ʒ ij. *M.* *Sig.* Shake bottle. A teaspoonful every one to four hours to a child a year old, according to the nature of the case. We have had occasion to try it in a few cases, and it pleased us, still we would prefer the aconite and ipecac as before stated. A child six months old can take one-half, and one three or four months, one-quarter or one-third of the above dose.

THE HYPODERMIC INJECTION OF MORPHIA IN CHOLERA.

THE article which appeared in our last upon the above subject has called out the following interesting letter which explains itself.

To the Editor.

SIR: The article concerning the Hypodermic Injection of Morphia is interesting, and strongly confirmatory of the truths I learned and have enunciated as the result of my experience in treating the cholera during its repeated visitations to this country. Prior to my own personal experience I had watched the progress of the disease, and the futility of the treatment in various hospitals, and arrived at the conclusion that the chief indications to be pursued with any hope of success, was to stop the vomiting, as any ordinary draught was immediately rejected by the stomach. There was seldom power to digest, so to speak, opium in a solid form, so I was led to try the fluid preparations in a concentrated form, giving the tincture in syrup, the whole dose being no more than thirty drops; and though this was vomited over and over again, I persisted until a dose was retained, the repeated attempts doubtless leaving each time some effect, and eventually time was gained for other treatment and the case progressed toward a cure. The success was surprising, and if I mentioned the extent of it your readers would only be incredulous, and fancy, as has been done before, that my cases were not of "*Cholera Vera Asiatica*." Still they were and hundreds of them, and they were all cured, though under other treatment many died in from five to twelve hours, and I have full proof of what I assert. I see clearly that the treatment proposed in your last issue, looks toward exactly the same end as mine, but is much more manageable and convenient; but in my earlier days we had not the resource of the hypodermic injection of morphia, and I have been laid aside by ill health for many years.

Yours, S.

(The fact that England is now under quarantine against cholera, lends an additional interest to this subject.)

FEEBLE FAITH IN FAITH-CURES.

Dr. Cullis and his so-called miracles at the recent Old Orchard Beach Faith-Cure Convention, have been the objects of no little comment, and criticism, kind or the reverse. We are not disposed to censure and disapprove, simply because the means employed are not those we would use; the command "judge not that ye be not judged," applies as well to this matter as to any other, so far as we can see.

We would not therefore impute wrong motives to all those who were identified with the movement; indeed the honest purpose, which evidently actuated some of them, is, in our opinion, the one redeeming feature.

If any genuine good to body or soul has been done, we are glad, but we are constrained to confess that, in our judgment, the whole business was a delusion and a snare. and calculated to bring a reproach upon the rational religion of this land and age; but in saying this we assume to speak for no one but ourselves. That it is a man's duty to do what he may to maintain his health, and failing that, to do all that he can to regain it, no one would attempt to deny; but it is no less his duty to seek to do this in the way God has appointed. That "the prayer of faith shall save the sick," we believe to be as true as when it was first recorded by the inspired pen, but we believe also that it is demanded that we shall employ the means which He has ordained and upon them his blessing shall rest, else why did He provide them? He, who while on earth himself, honored the medical profession; He who made the bread and meat and milk for the nourishment of our bodies, also endowed the poppy, the cinchona, and the whole family of medicinal plants with healing properties, and revealed them unto those who were to serve and minister unto Him, by ministering to and healing sick people; for a man may serve God in the practice of medicine as truly, and perhaps as effectually, as he who bears a message of peace to those who dwell in benighted lands beyond the sea. The day of miracles is gone by. His power is no less, but it was a former dispensation; the need no longer exists. He did those marvelous things to attract the attention and fix the faith of a heathen world, but because He was once pleased to heal by unction and prayer, it, by no means follows that he will do so through Dr. Cullis; or that he will be pleased to have us ask Him to feed the hungry thousands at a camp-meeting with five barley loaves and two small fishes, or turn water into wine, as He once did.

“EIGHTY-NINE DEATHS FROM CHOLERA
INFANTUM?”

It was reported that during the week ending August 5th, there were eighty-nine deaths from cholera infantum in our city. The number of such deaths reported in our tables of mortality is so large, as compared with the death statistics of European cities, as to lead many to infer that this malady is much more prevalent and fatal in this country than in Europe, whereas we believe that was the name restricted to exactly the same disease on this side the water as on the other, no great difference would be found in its prevalence on the two shores.

We have not alluded to this subject to reflect upon the treatment employed in the eight-nine fatal cases, for of that we do not know and therefore would not judge, and farther there are many fatal cases whatever treatment be employed; we wished rather to refer to a point of fallacy in our death-rate.

True cholera infantum begins abruptly; is characterized by violent symptoms, and rapid and extreme exhaustion, the infant in a day or two becoming so changed in feature and assuming so melancholy an aspect that even the parents are unable to trace any resemblance to the features so loved. In this country, however, the name has been, and is, loosely applied by many physicians to even mild but protracted cases of ordinary non-inflammatory diarrhœa. The very name carries such terror to the heart of the anxious parents, and so grounds them in their faith in the physician, if the little one recover. It is also so extended as to cover all cases of entero-colitis which occur. The latter is by far the more common disease, the great majority of cases of so-called cholera infantum being in fact, cases of enteritis and colitis co-existing, for *post mortem* examinations show that they seldom exist independent of each other in the child under eighteen months.

This is the great summer epidemic of our cities, and one of the most fatal of infantile diseases, though by proper hygienic and medicinal measures a majority of the little sufferers may be saved. It is usually mild in its onset, and often protracted. Without doubt the hundreds of cases of so-called cholera infantum reported every summer in this and other American cities are, with now and then an exception, cases of inflammation. Those of our readers who will take the trouble to observe the mortuary tables until January 1883, will note the much increased number of cases of marasmus over those reported during the first half of

the year. These are simply those wasted infants who have lingered from the summer months with entero-colitis, and their marasmus is simply the result of protracted inflammation.

“RENDER UNTO CÆSAR THE THINGS WHICH
ARE CÆSAR’S.”

THERE is a growing spirit of liberality among the ranks of the old school which it is pleasant to note, as indicating a social progress. We know something of the *personnel* of the Conn. State Society, and it is pleasant. At a recent meeting of that organization a series of resolutions was offered re-affirming allegiance to the code; condemning and reprobating the action of the New York Society; and protesting against the admission of their delegates at St. Paul. One of the leading members at once moved that the whole matter be tabled. Said he, “we are now, after considerable turmoil, at peace, and in harmony with each other. If passed, these resolutions would lead to excited debate, and perhaps engender animosities that would be lasting.” The motion was passed without a dissenting voice.

We could mention points, many of them, where the majority of the “regular” physicians are disposed to treat their aforetime despised eclectic brethren, with a spirit of fairness; conceding that the ignorance is not all on our part and all the wisdom on theirs, and accepting education and honesty of purpose to serve the sick, as the test. They acknowledge that after all some good can “come out of Nazareth”; that we have remedies that are of great value and worth appropriating, and that we are successful in treating the sick. We have heard but little said, and seen but little interest manifested in connection with the vexed question of “Consultation with Irregulars.” We have had no other feeling in the matter ourselves, than a passing curiosity as to the conclusion, or of admiration at the brave stand taken against bigotry and the majority. Whether they will or will not consult, can be of but little matter to us, and though there are many exceedingly good men among them whose acquaintance and society we would doubtless enjoy, and for whom we entertain the greatest respect; and though we would be glad to live in peace and harmony with all men, still we do not see that their recognition would in any way contribute to our success.

Recently a paper was read before the Materia Medica Society, entitled “Indigenous Remedies,” (how that title catches the eclectic ear and attention) and supplemented with an exhibition of medicinal plants, among others being *geranium mac.*, *prunus virg.*,

viburnum, and varieties of cornus. Dr. Marrow thought the topic of great interest and the subject one that had not attracted the attention it merited, on the part of the "regular" profession. Much of our indigenous materia medica, he thought, had been developed by irregular physicians. Five and twenty years ago fully one-half of the most valuable remedies now in active use, were either unknown or nearly so. He thought the therapist could obtain more positive and direct action, and would be more apt to arrive at specific medication by the use of vegetable remedies than by employing the inorganic. Dr. Pifford objected to the statement that the eclectics had contributed much to our knowledge of the therapeutics of our plants, and gave the credit to the regular profession. He claimed (unjustly) for a regular the honor of first investigating the therapeutical activity of gelsemium, but conceded that credit was due to the eclectics for hamamelis and lobelia, two most valuable remedies. Dr. M—— seemingly alarmed at the breeze he had created, hastened to explain that he had not intended to bring up an issue in the matter, but had simply stated his own opinion. By irregulars in this instance he meant eclectics, and old Thompsonians, and he had in view such drugs as podophyllum, leptandra, geranium, cimicifuga, and many others which he regarded as excellent representatives of our indigenous materia medica. The millenium is not yet; the lion and the lamb will not lie down together, except the lamb be inside the lion.

THE GEORGIA ECLECTIC COLLEGE.

We are in receipt of the sixth annual announcement of the Georgia Eclectic Medical College, located at Atlanta, in that state. The College appeared in the recent congress of the National Eclectic Association, as a claimant for recognition and enrollment among affiliating organizations, and after a close and rigid investigation, was duly enrolled as such. We are not personally acquainted with any of the gentlemen named as constituting the faculty or board of trustees, save Prof. W. M. Durham, whom we had the pleasure of meeting at New Haven, but we tender them our hearty congratulations on the success achieved, and hopefulness of the outlook. We are the more interested in the College, since it stands as the sole representative and exponent of the eclectic system of practice in the extreme South. We observe that the doors have been thrown open to members of the gentler sex seeking medical honors, and that to them are extended the same advantages and privileges, and upon the same

conditions, as to men. We believe this to be a step in the right direction: it certainly is in marked contrast with the recent action of a celebrated institution of learning in this vicinity.

NUX AND NERVE-FORCE.

EXHAUSTION, or depression of the nerve-force, always a more or less prominent feature in cholera infantum, was especially manifest during the few very heated days of August last. The depressed fontanelle, the deeply sunken eyes, and the low temperature, in many cases before there had been much of diarrhœa or vomiting, were often well marked, and warned the physician of the gravity of the case in hand. To sustain what vital force remained, and to stimulate more, was the demand of the hour. Days are not given for this work. If done at all it must be done at once. The hot flannel pack, contact with the healthful human body, nutrients if they can be retained, are all to be tried, but the measure most successful in my own practice and observation, is the tincture of nux vomica, minims iii.; water, $\frac{3}{4}$ iv., in teaspoonful doses every half hour for five to ten doses, then every hour two or three as seems indicated. For years I have had great confidence in this remedy, as indicated above, but it is greatly strengthened by this season's experience.

Various other indications are to be met, but we are only discussing here the loss of nerve-force.

C. E. M.

TENTH ANNUAL REPORT OF THE BOARD OF HEALTH OF THE CITY OF BOSTON.

THIS report is not only of interest and value to the citizens of Boston, but contains much interesting and valuable information for Sanitarians throughout the country. It embraces the report of the Board as a body and individual reports of the city physician, the port physician, and the Superintendent of Health, the details of whose labors affords evidence of intelligence and faithfulness in the prosecution of their work. The Board has accomplished all that could be expected, with the limited powers conferred upon it, and is not responsible for the existence of bad drinking water, defective drainage, and other evils, which still continue to promote preventable diseases in the community and impede the attainment of the high sanitary condition Boston ought to present.

The Report contains tables giving the Vital Statistics of forty-one cities in the United States and sixty-seven foreign cities, for

the purpose of comparison with the Vital Statistics of Boston, as illustrated by quite a number of tables. The Board congratulates the city on its comparative healthfulness, while acknowledging the many and serious short-comings in its sanitary appliances, which it is to be hoped will soon be remedied as far as possible. The report says:

“The tables of mortality of nearly all the principal cities throughout the country for the past year shows a marked increase in their respective death-rates, and the year is generally regarded as having been less healthful than usual. The death-rate of Boston shows a gratifying decrease from that of the year previous, as well as from the average rate for several years past. During the past year there has been nothing approaching an epidemic in the city, and there has been a notable falling off in the percentage of deaths arising from preventable diseases.”

The average percentage of deaths from preventable causes from 1872 to 1881 was 28.40. In 1880 the percentage of deaths from preventable causes was 27.20; in 1881 the percentage was 26.87. The death-rate of Boston for 1880 was 23.53. For 1881 it was 22.67. The average death-rate from all causes for the past seventeen years, from 1865 to 1881 inclusive, was 23.88 per thousand. The percentage of deaths of children under five years of age during the past year was 36.75. In 1880 it was 39.25. The average percentage for the past ten years was 40.75, and the records show that there has been a gradual diminution in the percentage of deaths of children under five years of age from 42.17 in 1872 to 36.75 in 1881. While the total mortality has increased with the growing population from 8,090 deaths in 1872 to 9,016 deaths in 1881, the deaths of children under five years have absolutely decreased from 3,414 in 1872 to 3,314 in 1881, showing that while the total mortality has increased nearly one thousand, the mortality among children has decreased one hundred. During the same period the total number of births recorded in the city increased from 9,321 in 1872 to 10,541 in 1881.

The following diseases were among the principal causes of the 9,016 deaths reported during the past year: Consumption, 1,564 (17.3 per cent.); pneumonia, 684 (7.6 per cent.); diphtheria, 601 (6.7 per cent.); heart disease, 465 (5.1 per cent.); cholera infantum, 444 (4.9 per cent.). The greatest number of deaths occurred during the third quarter of the year; the next greatest number in the fourth quarter.

The Board inspected all houses in which cases of diphtheria were reported. When any defect was found notice was sent at once to the owner or occupant, and subsequent examinations

were made from time to time until the defect was remedied. Of 1,706 cases of diphtheria reported, 601 were fatal (35 per cent.). Of the houses in which these cases occurred, 82 per cent. were found to be in a defective sanitary condition. The Report says: "It is not, of course, to be understood that all the houses in which no defects were found were in a perfect sanitary condition, as some defect might have escaped notice."

The number of houses ordered to be vacated for sanitary reasons during the year was 152. Of this number the tenants were actually excluded from but twenty-five houses, the remaining houses having been put in proper sanitary condition by the owners or agents, before the time allowed to vacate had expired.

The Report of the Board on the condition of the school houses in the city shows a marked improvement in their general sanitary condition as compared with that of previous years, but there is still room for much greater improvement. As the Report well says: "The era of the millennium in school hygiene is still far off, but its coming may be hastened by a prompt application of remedies to defects as fast as they develop themselves."

The important subjects of sewerage and water supply are discussed in the report. It is estimated that the new intercepting sewer will be completed in two years. In regard to the water supply, the Board make the same recommendations they did last year, relating to the preparation of the storage-basins, and the keeping of the waters free from pollution.

The Report of the Board on small-pox is interesting and instructive, but is too long to be given here. There have been but twenty-seven cases in the city from August 1873 to October, 1881, and two deaths from this disease. Last October a case occurred that was unreported by the attending physician until many persons had contracted the disease, and they in turn had extended the disease to others. As soon as these cases were discovered, effectual measures were taken and the spread of the disease checked.

The Report of the Board shows that the proportion of deaths were seventy-five per cent. in the unvaccinated and seven and a half per cent. in the vaccinated. Every ten or twelve years, or whenever an epidemic of small-pox has occurred in Boston, a large number of adults, as well as children, have been found that have never been vaccinated; and the statistics of 3,666 cases given by the Board showed that only 32 per cent. had been re-vaccinated. The question of vaccination and re-vaccination is considered at length in this report, and its value demonstrated.

The best methods for the removal and disposal of night-soil is discussed by the Board, and reports made on the public baths,

public urinals, burial grounds, the small-pox hospital and other city institutions, the abattoir, inspection of provisions, etc.

The Board abated during the year 8,086 nuisances, of which complaint was made, and in addition to this cleaned and disinfected 22,038 places.

KIND WORDS FROM THE WEST.

ECLECTICISM in New England meets with more determined opposition than is to be found in the West. There is less liberality in the ranks of opposing schools, less liberality amongst the masses of the people. A good Eclectic Medical Journal was needed there, and we are glad to see that the *Massachusetts E. M. Journal*, now in the middle of its second volume, is steadily advancing to the front rank in medical journalism. It is already one of the most valued of our exchanges, and the new editor, Dr. R. A. Reid (Bennett, '77), promises important improvements. That the highest measure of success may crown his efforts is the earnest wish of his co-laborers of the MEDICAL TIMES.—*Chicago Medical Times*.

WE regret to learn that Prof. Edwin Younkin, of St. Louis, is suffering from the results of a carriage accident, in which he sustained a fracture of the left radius, together with severe contusion of the elbow joint.

FROM recent advices we learn that Dr. S. B. Munn, of Waterbury, Conn., is quite indisposed. All those who shared with us the generous hospitality which Dr. Munn and a few other generous souls tendered the National, at its recent meeting in the "Elm City," together with his many warm personal friends, will join us in wishing him a speedy and complete restoration to health.

DEATH OF DR. J. A. ROCHETTE.

THE members of our State Society will be grieved to learn of the decease of Dr. J. A. Rochette, which occurred on the morning of July 7th, at his residence in Lewiston, Maine, after an illness of twenty-seven days. Dr. Rochette secured the highest honors, and received the degree of C. M. M. D. from Bishop's College, Montreal, two years since, and though so brief a time has elapsed since he entered upon the active duties of his profession, he had won reputation as a practitioner, and gained a multitude of friends. He came to us at our last annual meeting

as a delegate from the Maine Medical College, in which institution he filled the chair of physiology with credit to himself and the college; soon after his return home he was stricken with typhoid fever, and although the most eminent physicians, including Dr. M. Fiset, a celebrated French physician, from Quebec, were constantly in attendance, their combined efforts were unavailing; he died at the age of twenty-five. We extend our sympathies to the sister society in the loss which, with us, she sustains; to the educational body of which he was an honored member; but more than all to the aged mother, who mourns the death of her only son—the comfort of her old age, and we commend her to the care of Him who “on earth hath wept, and suffered all alone.”

MISCELLANY.

MAMMARY MENSTRUATION.—In the *London Lancet* of May, Mr. Stear reports a case of vicarious menstruation of this kind in a woman of fifty, many years married, barren, and normally menstruating from her thirteenth to her forty-eighth year. Blood flowed from the nipples three or four days in every month, at regular periods. Severe pain in the breast accompanied the flow. Prof. Paget observed that he had seen a young girl who had a monthly effusion of blood in the anterior chamber of the left eye. The effusion was absorbed during the intervals.

ALCOHOL IN BURNS AND SCALDS.—Saturate a soft piece of fabric with alcohol, lay it over the burn, then cover it with cotton or finely picked oakum. This is the most cleanly dressing that can be adopted. It may be thought that alcohol applied to a burn will produce more pain; but try it, and you will be agreeably surprised to observe how quickly it will allay the pain; subsequently disturb the dressing as little as possible; wet the dressing occasionally with alcohol, and the result you will find better than by any other method.—*St. Louis Medical and Surgical Journal*.

OBJECTIONABLE ANÆSTHESIA.—Western women are sharp; but the Plattsmouth (Neb.) female is entitled to the premium for smartness. The other day she went into a shoe store to buy a pair of shoes. The clerk was in the act of sprinkling some chalk-powder inside, so they might slip on easily. She glanced furtively at him and remarked: “I know what you are doing.” The genial clerk smiled acquiescence. She slid toward the door, and said, in tones that startled his nerves: “You can’t chloroform me, mister; I was fooled once before, and I’m blamed if I’ll be again.” And she left without the shoes.

MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

ZYMOSIS. (Continued.)

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Zymosis a Connecting Link of Nature.—Nature abhors a vacuum. There is no blank or unoccupied space between the great divisions in the scheme of creation. The *simian* tribes, the zoophytes and sponges appear to have the office to preserve a connection between the human races, animal, vegetable and mineral kingdoms. The vegetable and animal kingdoms have their union in the fungous and zymotic growths, and organic productions of the low grades of development heretofore designated as monads, infusoria, monerozoa, etc., according to the place and circumstances in which they were first observed. Huxley, Spencer and their associate scientists have included all these races under the common denomination of protoplasm, but have not assigned to them defined place in the animal or vegetable creation. This task we now venture, perhaps temeritously, to perform.

Too often the most uncompromising adversaries to the endeavor in scientific investigation, to establish a solid basis for action and inquiry, have been found among the scientists themselves. They

are conservative and hostile to innovation; they cherish a vigorous pride of opinion and dread to be humbled or excelled. These ignoble motives and passions often predominate in the ranks of medicine. It requires, therefore, somewhat of hardihood and recklessness as well as of earnest purpose and manly conviction to propound even an idea that has been thoroughly demonstrated. The individual will be repudiated in order that his discovery may be kept out of sight or plagiarized.

Microscopic Investigations.—The microscope has enabled an advance to be made in scientific investigation, which has been truly wonderful. Old conjectures have been resolved, and new conceptions afforded, often revolutionizing our former views and beliefs. It has shown us that the morbid fluids, secretions and deposits of the body are not simply refuse matter; but that they are distinct organisms, colonized by other organisms, and controlled by laws distinct from those predominant in the putrescent or decomposed substance in which they are found. It further discloses that these organisms were analagous to the organic formations heretofore known as Algæ, Fungi, etc. The fact that they were generally found where there existed morbid secretions in a state of fermentation, induced many eminent scientists to regard these growths as the cause and originators of this condition, as the source of the morbid deposit and fermentative process.

From this time these organisms were asserted to constitute *materia morbosa* of modern physiological medicine. From one end of the scientific world to the other it was the prevailing fashion to treat of bacteria, vibriones, micrococci, microspores, etc., till half the reading public had been scared into the belief that everybody was the daily quarry of myriads of blood-thirsty creatures, and the half-educated convinced that grim death lurked in every can of tomatoes, and other articles of food upon the table.

Wars of the Warreners.—Every ambitious scientist and professor aspired to have a theory all his own. One delighted in a special type of fungus, alga or infusoria, which he would minutely describe and declare to be the origin of a particular form of disease. Every prominent microscopical creature was in this

way made the special preserve of some individual teacher, and his admirers, on which others might not poach without peril of dogs, spring-guns and scientific billings-gate.

Another school repudiated all these hypotheses, disclaiming the existence of any disease-germ, and attributing all endemics, fevers and contagious disorders to certain bodily conditions of the patient or local circumstances. Others discarded both opinions and denied the existence of any law of specific infection. Last of all we had the fitting *denou'ment* of scientific Nihilism. It was asserted by this party of skeptics that disease has no fixed laws or established course of procedure, and that medical learnings was only a whirlpool in which its teachers and expositors would be inevitably engulfed and overwhelmed.

The several champions have fought with tongue and pen, in monographs and medical journals; upon the lecturer's platform, and in the college theatre. Their zeal, bitterness and even vindictiveness surpassed the world-famous Kilkenny cats. The last words of controversy have not yet been spoken; nor is the bitter fountain of professional bigotry and malevolence dried up. The usual and unavoidable result is at hand. The public have almost lost faith in their acumen and pretensions, and they hardly believe their own theories. The ranks of the disputants are rapidly thinning under the general distrust. Learned and earnest inquirers are only too glad to abandon the field of fruitless controversy, and take what advantage they can of the few facts which they can acquire in regard to this matter.

The Fungi.—The lowest form of morphological organisms which the microscope has yet disclosed, is that of the Fungi. Their spores are destitute of starch and chlorophyl, but rich in nitrogenous substances. The simplest species is a one-cell formation. The higher forms possess oblong cells with a delicate layer of *thallus* or *mycelium*, from which are produced casts of cell-spores called *gonidiæ*, developing new colonies of fungi. The spores form into a fruit-cell or *sporangium*, and then propagation is continued by a constant dividing of the mycelium-treads. If, however, the mycelium is so dense and undeveloped as to require further rest and time to attain perfection, it is denominated a *scleroticon*. The branches which issue from the mycelium and

bear the gonidiæ are called *hyphæ*; and the genus of the fungus is ascertained from their carrying the gonidiæ at the apex or on the side.

The gonidiæ themselves are single, and divided into chambers (*chamber-gonidiæ*). Sometimes they appear on the *hyphæ* aggregated and surrounded by a covering (*pendium*). Not unfrequently the mycelium throws out branch-cells, which are thicker at the apex than at the base from which the *spawn* or fructifying pollen is produced. These are called *macrogomdiæ* or *chlamydomyxis*. Occasionally the macrogomdia will bear two kinds of spores; one a male or *antherida*, and the other a female or *oogomdia*.

The single epephyte fungi are arranged into the following groups, namely: *a*, Nuclei-forming protoplasm. *b*, True yeast in single free cells. *c*, Chain and rope-like luxurient yeast. *d*, Immerge. *e*, True air-mould. *f*, Myceliar forms of varied structure.

There are simple forms of spores that have no distinct layer or one-celled supporter. These usually grow in clusters, and belong to the species of dust-fungi, known as puffin, or *coniomycites*. Other forms included under the designation of *gangrene* or *star-jelly*, and those in fermenting fluids, commonly known as mother in vinegar, yeast in beer, and syrup, belong under the denomination of *torula cerevisiae*.

These organisms are cryptogamous or acotyledonous plants, and comprise five thousand species known and classified. They are indeed so prolific that they appear to confirm the supposition of their spontaneous origin from mucous or morbid fluid in the cells of plants more highly organized and bodies of animals in disease or undergoing decomposition.

Fungi have a close relation to the algæ and lichens, but differ from them in the matter of deriving their nourishment from the earth, or from the bodies on which they grow, and not from the medium by which they are surrounded. They also differ from lichens in that their substance is of a softer consistency, and they possess more volatile character; likewise in being destitute of green granules or gonidiæ in the thallus, which is characteristic of that order. They differ from the algæ in not living when

immersed in water or other fluids, but flourishing in the air. The lowest forms of the two are, however, sometimes very difficult to distinguish; and the mycelium of several species of fungi will take the form of a liquid and appear closely similar to certain of the algæ. It is supposed that the mothy appearance of fermented liquors is due to this phenomenon, as well as the ropiness of the dough in certain bakeries.

The chemical elements in fungi differ from those of other plants. They are rich in nitrogen, like animal organisms. They do not like other plants, absorb carbonic acid and give out oxygen, but like animals absorb oxygen and give out carbonic acid. These peculiarities have led several naturalists to propose their classification in a distinct kingdom intermediate between the animal and vegetable.

Fungi are remarkably diversified in size. Many species are hardly visible without a microscope, while others are several feet in diameter. When a spore germinates it sends out radiating filaments which ramify and interlace; and if portions of this mycelium are removed to another place equally favorable they will grow there. Fungi are propagated by this means as higher vegetable organisms are by their tubers or their roots. Those of the lowest organization or simplest structure consist of nothing more, even at their fullest development, than masses of spheroidal cells and spores breaking up into a fine powder.

The higher forms of Fungi may be classed as follows, namely:

1. The orders and genera of *Hymenomycetes*, the agarics, bolets, etc.; the *Gasteromycetes*, puff-balls, etc.; the *Coniomycetes*, rust, smut, etc.; the *Hyphomycetes*, mould, mildew, botrytes, oidium, etc. These are distinguished by spores not enclosed in tubular sacs (*asci*) or vesicles.

2. The orders of *Ascomycetes*, marels, truffles, etc., in which the spores are definitely arranged in asci; and *Physomycetes*, which comprise several species of mould-plants which grow in fermenting substances, and some of the minute parts of cultivated plants. The spores of fungi of this class are in vesicles without definite arrangement.

Fungi generally grow in damp places; some in the earth,

others in putrescent or fermenting animal or vegetable matter, in decaying trees or vegetation, and in diseased animal and vegetable tissues. It appears to be their office to hasten decomposition, and they originate disease in higher orders of plants. They are mostly of a deleterious or poisonous quality. The poisonous properties of the mushroom and false mushroom or toad-stool, vary with the climate and time of year when gathered. Some kinds are virulently poisonous in one climate or region and perfectly innocuous in another.

Entophytes.—The designation of *entophytes* is used to denote those parasitic plants which grow upon the bodies of living animals. Some are algæ, and others fungi; but they are limited to the lower of each, in which the distinguishing characteristics are so difficult to trace that they are included in one or the other on very slender grounds. Those in which a coloring matter is present are considered as algæ, even though the color can only be traced in masses of aggregated cells and not when the cells are viewed separately; and those which appear entirely colorless when massed together are regarded as fungi.

Many of these parasites are nearly allied to those which occur in animals. Ergot and the mildew so destructive to vines are classed in the genus *Oidium*, and also the fungus found in diseased mucous membranes in cases of aphthæ or thrush. The *Botrytis* includes the fungus called muscardine or silk-worm rot, that which accompanies the potato disease, and those witnessed in other diseased plants. The common mould is also supposed to occur on animal tissues tending to decay during life, as well as on dead tissues.

Entophytes are found in every part of the body. Several species appear in diseased conditions of the mucous membrane; others in the lungs, ear, and other organs; others on the skin, in the hair-follicles, and the hair itself, etc. The “fur” on the tongue when the stomach is disordered abounds in the slender branching threads of the algæ known as *Leptothrix buccalis*, which also vegetates luxuriantly in the cavities and corners of the teeth when not kept properly clean. It is not always easy to determine whether the presence of entophytes is the cause or consequence of disease; it may sometimes be both. It is the

consequence in certain instances, as when the *Sarcina* or *Merismophædia ventriculi* occurs in the contents of the stomach or bowels; but in the diseases called Favus, Porrigo, Tinea, Herpes tonsurans, Plica polonica, Mentagra, Pityriasis versicolor, etc., it is evidently the cause, for the cure of the disease appears to be effected by the extirpation of the parasite, which is a matter of considerable difficulty.

It has been imagined that epidemic diseases were possibly caused by spores of entophytes carried in the air; but the evidence is not conclusive. The endeavor to demonstrate the existence of fungi or algæ in cholera has not been very successful.

Entozoa.—Entozoa are principally, though by no means exclusively, to be classed as *bermes* or worms. The species, however, are so numerous and varied that it is impossible to enumerate them systematically. There have been more than twenty distinct species found in the human body, fourteen in the dog, fifteen in the horse, eleven in the barn-yard fowl, etc. They principally infest the intestinal canal and other open cavities, as the larynx, bronchial tubes, kidneys, lungs, voluntary muscles, parenchymatous and other tissues, etc. The typical forms may be classified as follows, namely:

1. *Protozoa*; including bacteria, vibriones, monads, cercomonads, trichomonads, etc.

2. *Cestoidea*; including tæniadæ, twenty species, and bothriocephalidæ.

3. *Trematodea*; including polystomidæ and distomidæ.

4. *Acanthocephala*; with the single genus Echinarrhynchus.

5. *Nematoidea*; comprising Oxyuris, Ascaris, Spiroptera, Trichina, Trichoroma, Trichocephalus, Filaria, Sclerostoma, Anchylostoma, Dactylus, etc.

6. *Acanthotheca*; including the genus, Pentastoma.

Alarming as this category may appear, very few of these creatures produce severe or dangerous symptoms. It seems to be a condition of parasitism that it shall not destroy the animal infested. The parasite does not so much attack the structure of the organism, as the superabundant matters which it contains. Worms abound and multiply most rapidly in debilitated individ-

uals, and especially children living in cold and damp situations. Impure water, unripe fruits, and meat raw or imperfectly cooked favor their rapid development.

The Yeast-Plant.—The *Torula cerevisiæ*, or yeast-plant, is a species of fungus connected with the process of fermentation. It is also known by other names, as *Saccharomyces*, *Mycoderma cerevisiæ*, and *Cryptococcus fermentum*. It grows by the protrusion of leaf-buds or gemmules, germinating sometimes on one and sometimes on several spots of the primitive fungus-cells. These are continually throwing off new gemmules, so that the plant gradually forms single or branching rows of oblong cells, connected together like beads. This peculiar arrangement and the fact that they are entirely impervious to the action of acetic acid, are characteristics of the plant.

The following are the natural forms of the *Torula* in groups :

1. Yeast-Morphiæ, or *Torula cerevisiæ*; comprising (A.) true yeast; (a) microccus, or yeast without nucleus; (b) cryptococcus, or sprout-yeast, and (c) arthroccus, or branch-yeast. (B.) Chain-like yeast; (a) leptothrix, or yeast with nucleus; (b) horinissium, or sprout-yeast, and (c) mycodermus, or branch-yeast. (C.) Colony yeast or sarcina.

2. Mould or Mildew Morphicæ, or *Puccinia graminis*, comprising (A.) True mould, the air-mould, dust-mould or mildew; as (a) mocar, or mould with a head; (b) penicillium, or brush-form mould. (B.) Untrue mould, enclosed in fluids or tissues; (a) oidium forms, oidium, achoria, microspore, and trichophytus; (b) gangrène forms, as ustilago and tillelia.

This fungus is present almost invariably in the saccharine urine of diabetes mellitus and kindred affections, and may be traced within twenty-four hours after it has been voided. It is frequently present likewise in vomited matter and fecal evacuations. The presence in urine must not, however, be relied on as indisputable evidence of a superabundance of glucose matter in the body. Fungi more or less closely resembling the yeast-plant are often perceived in non-saccharated urine which has been kept standing two or three days. Nevertheless, the evidence is almost conclusive.

[TO BE CONTINUED.]

PUERILE INCONTINENCE OF URINE.—TREATMENT BY BOUGIE.

IN many of the medical journals, not a great while since, was published a treatment of this very annoying difficulty, as pursued by a distinguished Irish surgeon, Sir D. J. Corrigan. This treatment, most of us will remember, consisted in tying the prepuce before dismissing the young subject for sleep. Not finding it necessary to adopt the practice advised by so distinguished an author, I cannot speak of its merits, but have found the above treatment—the introduction of the bougie—to answer the best of purposes in several cases in which I have employed it.

In 1865, after the close of the war—when we had returned to the peaceful pursuits of civil life—an extreme case of puerile incontinence sought me for treatment, in the person of a lad about fourteen years of age. He had been troubled, since his earliest recollection, with an inability to retain his water longer than a few hours, day or night. During the day, while at school, permission was given him to leave the room when he desired; and at night, when in bed, watchers were required to be placed over him, so as to arouse him at certain intervals—otherwise he was sure to wet his bed. This case was a very melancholy one to me, and elicited much of my sympathy. After much inquiry I ascertained that he had been through the ordinary routine of treatment usually practiced in similar cases, and under the care of able physicians. It was, therefore, very plain to me, that I could expect little from medicine in this case. Incontinence of urine, or at least a very frequent desire to evacuate the bladder, being one of the most prominent symptoms in pointing me to the existence of urethral stricture, and especially the desire being much greater through the late hours of the night, and the marked relief of this difficulty afforded my patient from the very first introduction of the bongie into the bladder, determined me to try this method of treatment with my young friend. I was not disappointed; relief followed after introducing a No. 8 conical steel bongie. This being practiced daily for two weeks, the patient was discharged, considering himself cured. He continued well at last accounts.

Since the happy result which so signally followed the above

case, I have had an opportunity of testing the practice in four other cases of boys, from the ages of four years up to nine, with the like result. All surgeons, with much experience in the treatment of urethral irritation, fully appreciate the benumbing effect of the introduction of the bougie upon the sensitive urethra, or an irritable bladder; and I most confidently recommend this treatment to their consideration. I have not yet had an opportunity of testing this course in a female, but see no reason why it should not be equally efficacious.

LITCHFIELD COUNTY, CONN.

T.

CASCARA SAGRADA.—RHAMNUS PURSHIANA.

BY C. E. MILES, M. D.

SEVERAL years since my attention was called to the cascara sagrada as a remedy for constipation, and I gave it a trial in several obstinate cases of that disease, but the results were so unsatisfactory that I ceased to use it. Later on, however, after learning the success some of my professional friends were having from its exhibition, I was induced to give it further trial. I am now certain that some of the failures in my first experiments with it, came from an imperfect knowledge of the proper method of administering it; and I am now so confident of its remedial value in various forms of constipation, that I would call the attention of the profession to it in that direction, though inclined to be conservative in putting forward new, and comparatively untried agents, in place of those whose properties and action are better understood, and probably not fully developed.

The cascara sagrada, sacred bark, or strictly the rhamnus purshiana, was undoubtedly brought to the notice of the medical profession by Dr. J. H. Bundy, of California, an eclectic physician, and is another illustration of a special service that school has done for medicine. Parke, Davis & Co., of Detroit, Mich., were, I think, the first to prepare it in a form eligible for use; and it is their preparations, first a fluid extract and then the elegant and palatable "Cascara Cordial," of which I believe they are the exclusive manufacturers, that I have employed in the cases which I shall relate.

The *ramnus purshiana* is a native of the Pacific Coast of this continent, and belongs to the natural order *Rhamnaceæ*.

It seems to be the remedy specially for those forms of constipation arising from want of muscular tone in the intestines, and failure of the intestinal secretions; also those forms arising from an obstructed portal circulation and deficiency of the biliary secretion.

How the cascara acts seems to be well expressed by Dr. Bundy. "It acts," he says, "upon the sympathetic nervous system, especially upon the solar plexus, stimulating the nutritive and assimilative forces, increasing the digestive processes generally. It acts upon the secretory system in a marvelous manner, especially where the secretions are deficient or perverted, and this seems to be one of its special indications."

Judging from my own experience in the exhibition of the cascara, one of the chief sources of failure in obtaining the results claimed from its use is, that it is too frequently given in cathartic doses, and too rapid results are expected. Wasted muscular tone, decreased or perverted secretions, especially if they have existed long, are not restored speedily it must be remembered; they are seldom if ever remedied by heroic measures, and these, or some of them, are the very conditions that produce constipation, and must be removed before the disease can be cured. There are yet other cases where hereditary influence is an unmistakable factor in causing constipation, to correct which requires alike the proper remedy and its judicious administration, as well as patience on the part of the invalid and persistence in the physician.

The following are typical cases as regards the disease and its treatment, and well illustrates the action of cascara sagrada in my practice:

Case 1. Mrs. W——, æt 30, married. Had been of a "constipated habit" from girlhood, but since the birth of her first and only child four years before, she had not had a movement of the bowels without taking physic or an enema, and then the first fæces that came away were always dry and hard. She had consulted a number of the best physicians in Boston, using their remedies faithfully, without any tendency toward a cure. I pre-

scribed the fluid extract of cascara sagrada in teaspoonful doses, in a wine glassful of cold water, night and morning. This was taken for about two weeks, using an enema of warm water every third day. The movement after the first enema was less dry and hard than usual; this condition improved, until, at the end of two weeks, there was no occasion for the enema. The cascara was continued in teaspoonful doses at night for another two weeks with success. The remedy was then given on retiring, if there had not been a movement during the day, and was seldom necessary more than twice in a week. About three years have elapsed since the treatment was begun. For the two last years only an occasional dose of the cascara has been required.

In connection with the treatment it was strictly enjoined that a gentle effort should be made to get an action of the bowels soon after breakfast, and a diet favoring a proper digestion insisted on; two points always prominent in all the cases reported.

Case 2. Mr. G——, age 30 years, followed a sedentary life, but was an hearty eater, and lymphatic. Had been a sufferer from torpid bowels for years; the fæces were always bolus-like in form, and dry, and were passed with great effort; generally by the aid of an enema. For this condition I gave the cascara in drachm doses, to which was added one drop of tincture nux vomica diluted in two tablespoonfuls of cold water at night, and if the bowels did not move the following morning after breakfast, the dose was repeated, which was not required after the end of ten days. The doses grew less and less frequent, and smaller in quantity, and in two months were not required at all.

Case 3. Mary ——, age 4 months, had suffered from constipation from birth, although various remedies had been tried. Gave ten drops of the cascara cordial in a teaspoonful of water three times in the twenty-four hours for four days, and the bowels acted well.

Every physician knows only too well the annoyance of infantile constipation, and I have to suggest that the cascara cordial, both on account of its pleasant taste, and efficacy, is a valuable remedy for that difficulty.

Case 4. Mrs. A——, a sufferer from pulmonary disease, was greatly distressed by constipation. The cascara was adminis-

tered in varying doses, and surpassed all other means used to relieve her, both as regards the frequency and quantity of the dose and also in the gentleness of its action.

Case 5. Mr. J——, aged 40, merchant, habits sedentary; “had been doctored very much.” Blue mass had been prescribed by one, and podophyllin by another. There had never been any great difficulty in getting a free action of the bowels from these medicines, but his real condition had never been improved. I prescribed as follows:

R.—Ext. Leptandræ Virg., fld., ʒ iv;

Ext. Cascara Sagradæ, fld., ʒ iiss.

M. Sig. A teaspoonful in a tablespoonful of water at 9 p.m.; if bowels do not move after breakfast repeat dose in one hour.

In a few days the morning dose was omitted; in about two weeks an half teaspoonful sufficed for the evening dose; after one month only an occasional dose has been required. The patient has been comparatively well for two years. In cases like the above, leptandra is a valuable adjunct to the cascara.

The rule is as the cascara is continued the dose may be lessened and also frequency of its administration. I have never observed that it is cumulative in its action as some have asserted.

In conclusion I have to say, I now regard the cascara as superior to any other remedy that I have used for constipation, and those who were instrumental in introducing it are deserving of all credit.

126 WARREN STREET, BOSTON HIGHLANDS.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.
(AMERICAN AND FOREIGN.)

*BOSTON DISTRICT ECLECTIC MEDICAL
SOCIETY.*

THIS society reassembled after the summer vacation (July and August) on the second Tuesday evening of September, Vice-President J. D. Young in the chair. The attendance was a little below, the interest, we thought, a little above the average. Dr. Green spoke, in an informal way, of a very pleasant visit he had recently made the highly esteemed president of the society—Dr.

J. W. Towne, who, owing to infirm health had been unable to attend the meetings for some time. Through Dr. Green he had sent a pleasant greeting to the society, and a cordial invitation to visit him, to any of the members who could make it convenient so to do. Drs. Perrins, Miles, and others spoke feelingly of Dr. Towne, and of his connection with this and the state organization.

In the absence of the essayists for the evening, Dr. H. G. Newton introduced the subject of strictures of the urethra, more especially that class of them which are so large as to attract little or no attention directly to them, on the part of patient or physician, unless the latter has made a careful study of such cases and is therefore on the alert for their manifestations. Patients will frequently come, he said, complaining that they have a gleet or chronic gonorrhœa, the discharge being slight, just enough to produce a yellowish stain on the linen; with little or no soreness or tenderness along the passage, nor much pain or scalding during micturition. In such cases, which have generally been treated empirically, we should, he thought, at once examine the urethra, carefully and tenderly, with a bulbous pointed bougie, commencing with a No. 16 or 17, French scale, and in nearly every case we will find one or more strictures varying in extent, and usually located midway in the canal, or between that point and the prostatic portion. It may be impossible to introduce this size, often is, but it is well to commence with a full size and descend until one is reached that can be introduced. In this way there is less liability to inflict an injury on the delicate mucous membrane. If assured of the existence of a stricture, he preferred the treatment by dilation to any other method. He had sometimes succeeded in introducing a bougie of considerable size by first injecting a small quantity of olive oil. When the urethra is tender and irritable, and contracts spasmodically upon the bougie so that it can only be withdrawn by the use of some force, he would allow it to remain fifteen to thirty minutes. The treatment should not generally be repeated, he thought, oftener than once in from one to four days, giving time for the irritation to subside. An ointment containing belladonna and iodoform in proper quantities, smeared over the bougie, had in appropriate cases a happy influence, he found. He considered the silver sounds as better in some cases, but in their use much more care and skill was required, and great caution should be exercised, especially by one who had not yet acquired the requisite amount of dexterity. He did not overlook nor under value, in cases where there was much nervous or mental disturbance, such constitutional or hygienic measures as might in each case be deemed advisable.

DR. MILES was of the opinion that strictures of the urethra following gonorrhœal attacks—and there are very few such strictures that are not a sequella of that disease—were among the most annoying the physician had to treat, and discouraging the patient had to endure. If a gleet complicated the stricture, a protracted treatment was altogether probable.

He fully agreed with Dr. Newton that any treatment in which dilation was not the prime measure was next to useless as far as any radical cure was concerned. Latterly he had used the bougies but little, choosing rather the silver catheter as suggested by Prof. Gross. The silver sound does as well, unless perchance, urine should be in the bladder, when the catheter would be superior to it. The suggestion by many eminent surgeons to use as large instruments as convenient so that the lacunæ be not entered and perhaps punctured, should never be forgotten. When the instrument has passed the stricture it should be allowed to remain for some minutes and then followed by a larger as soon as practicable.

He was also confident that there should be local applications at the seat of the stricture. He possessed an applicator which he charged with hydrastin, or powdered hydrastis canadensis, or sulphate of zinc, rubbed up with vaseline; introduced into the urethra as far as the point of disease and there deposited the medicament. This should be applied frequently. If gleet existed it was very likely to be cured with the recovery from the stricture.

Little could be hoped for in this disease from internal treatment. If, however, a catarrhal condition of the bladder existed, a free use of the fluid extract of the corn silk would be of service.

If gleet existed when there was no stricture, it was generally confined, he said, to a limited portion of the urethra; quite often to the prostatic. All these cases require a local treatment, and nothing better could be suggested, as far as he knew, than that recommended where stricture existed—the hydrastin, etc. The double catheter carried down to the point of lesion, through which a very strong decoction of hydrastis canadensis is injected, is the simplest and best method of treating by injection if one must resort to them at all in this disease.

DR. YOUNG said that he usually, in fact always, used plated steel sounds commencing with as large an instrument as possible and gradually increasing. He had at times found it necessary to anæsthetize the patient during the first and sometimes the second introduction. He rarely had any trouble after that, and always exercised the utmost care, avoiding force.

DR. REID wished to lay particular emphasis upon what had been said concerning the use of as large instruments as was

practicable. In the use of small metallic sounds the danger of forming false passages was by no means inconsiderable. Farther than this a small sound was apt to be intercepted by the lacunæ, while a larger one would glide over them and effect an entrance into the bladder. He demurred to the use of anæsthetics as suggested, because he deemed them unnecessary. Of the many severe cases of retention due to a perfectly tight stricture he had seen, and he had seen many, he did not recall one that did not yield to brisk catharsis, and a warm bath, continued in some cases several hours. Anæsthesia might effect the same in much less time, he would admit, but he believed the danger of inflicting injury upon the urethral canal, under an anæsthetic was greatly increased. Furthermore the public were sure to charge any accident or complication that might occur, such as urinary extravasation to the anæsthetic, and for this reason, if no other, he preferred the warm bath. Mention had been made of a pain located about 1-2 to 3-4 of an inch from the meatus, which was often complained of when the point of the sound had penetrated far beyond that point, and in cases in which no pain had been felt when the sound passed that point. The location of this pain had misled some, he thought. Pain in the same location was a pretty constant symptom and a diagnostic one, not generally laid down in the books, he said, in connection with prostatic inflammation, and this afforded the most plausible reason he thought why the passing of the sound over that gland caused the pain alluded to. He described a simple instrument armed with a small brush which may be caused to project at pleasure by pressing a spring, which he had used and seen used with great success in the treatment of gleet. In most of such cases granulations covering only a limited space, often not larger than a pea existed, he said, and by this ingenious device the application, whatever it might be, would be made to the diseased portion of the membranè only, the healthy being protected.

The discussion was also participated in by Drs. Perrins, Green, Bailey and others. Dr. Amory Jewett was elected to membership. At the supper which followed it was evident that there were no cases of stricture of the œsophagus present, whatever might be the condition of the urethræ.

BRITISH MEDICAL ASSOCIATION.

THE following is an introduction to a discussion in the Medical Section of the British Medical Association at Worcester, on August 9th, 1882, by W. S. Playfair, M.D., F.R.C.S. :

Gentlemen :—When your President did me the honor of asking

me to open a discussion on the Systematic Treatment of Hysterical Neurasthenic Diseases, to which I had already drawn the attention of the profession in a series of papers in the *Lancet* in May, June, and November of last year, I suggested to him that he should endeavor to persuade Dr. Weir Mitchell, of Philadelphia, whose method I had adopted and carried into practice, to undertake himself the task he had proposed to me. I much regret, for your sakes, gentlemen, that Dr. Mitchell was unable to accept your President's invitation, for I am sure that it would have been most interesting and profitable to have heard from that distinguished physician an exposition of his views on a matter of such great practical moment. Until I had actually put into practice Dr. Mitchell's method, I, in common, I am sure, with the vast majority of his profession, looked upon the distressing and unhappily common cases we are about to discuss as a very opprobrium to medicine. Nothing could be more hopeless than the experience of all of us with these wretched instances of broken and shattered lives, these bed-ridden, helpless creatures, who became a burden not only to themselves but all around them, making happy homes miserable, and exhausting at once the patience, and the resources of those who are responsible for their care. Who is there amongst us who cannot point to some typical example of this kind, in which the patient at least, after every sort of treatment and drug has been used; after not one, but twenty doctors had been consulted; after every method, orthodox and heterodox, has been used in vain, has been allowed to drift into this hopeless state to which I have alluded, from pure despair of alleviating her sufferings, which are none the less real because we are satisfied that they are purely functional, and are not associated with any organic disease? To teach us how to lift such cases from the slough into which they had fallen is no slight achievement; and I may say, without exaggeration, that, having paid great attention to this subject for the last eighteen months, I have not only acquired a daily increasing confidence in the value of Weir Mitchell's method, but have had more satisfactory and surprising results from it than I have ever before witnessed in any branch of my professional experience, and that I now more confidently undertake the care of a well selected case of this kind, than I do of almost any malady that comes under my charge. The reason for this confidence and this success is, I think, not far to seek. We have to do with cases which are, to a great extent, psychological in origin. Heretofore, although all well instructed physicians recognized this fact, they have not been in the habit of trusting to methods of treatment which were based on a scientific conception of the nature of the disease.

In default of other means, recourse has been had to an useless system of drugging with the so-called nervine tonics, while the patient has been left to the unaltered morbid influence of the physiological causes, which, in nine cases of ten, have so large a share in the production of the illness. Although the grave forms of hysterical disease we are considering differ from each other to endless variations, the peculiarities of each requiring most careful study, there is scarcely a single one of them in which unhealthy mental influences do not play a most important part, if not in causing, certainly in keeping up the disease. The injudicious and constant nursing, the craving for sympathy, the fact that the sick-room becomes the centre of interest for the patient and her friends, the constant discussion of feelings and symptoms, all have a most marked and prejudicial effect; and so long as these continue in operation no course of medicine or treatment, however judicious, has any reasonable prospect of success. As I shall presently show, the complete and perfect isolation of the patient from all these unhealthy conditions forms the very foundation and essence of the systematic management of these cases; and when once this has been accomplished, an enormous leverage has been obtained for the successful application of other methods of cure. I do not propose to occupy your time with any long description of the forms and symptoms of hysterical disease to which the treatment is applicable, or to their pathology. No study could be more interesting, but the time at my disposal is altogether insufficient for such a task. I shall, therefore, content myself with a very brief outline sketch of the typical instances of neurasthenic disease in which systematic treatment is of most use, and follow this by an equally short sketch of what that treatment consists. And I must beg my hearers to remember that I cannot enter into any but the most elementary details on both these topics, for a fuller account of which I must refer them to the writings of Weir Mitchell, and Goodell, as well as to my own former papers. I may say here that while the latter were entitled, "The Systematic Treatment of Nerve-Prostration and Hysteria connected with Uterine Disease," this was chiefly because my attention was first directed to the subject in consequence of the frequent association of these states with disease of the reproductive organs in the female. It would be a great mistake, however, to conclude that there is any necessary or constant connection between the two. Indeed, although very frequently the nerve-state has originated in connection with uterine disease, in a large proportion of the cases it has completely overshadowed the originating local disorder. I am sure that I could not, in common honesty, make the some-

what humiliating confession that in many instances over much and injudicious local treatment has, in my opinion, at least intensified, and kept up the now denominating neurasthenic disorder, as in a case under my care as I write, in which the patient may fairly be said to be suffering from pessary on the brain—so incessantly is she thinking of one or other of the seventy-nine different instruments which she has had inserted in the last few years in America and in this country.

It is, perhaps, superfluous to recall to your minds the extremely varying and complex forms of the neurasthenic diseases, which may be fairly classed under the heading I have selected for this communication. Still I think it likely that it is only those medical men who have paid special attention to this subject, and who have had opportunities of watching cases of this description, that have properly realized how multiform, strange, and misleading these nervous diseases really are. As a matter of fact, probably no two cases are ever precisely alike, and every individual instance calls for the most careful and minute study, if we are to hope for a successful result in its management, not only of its physical symptoms, to make sure that we do not confound real but obscure organic lesion with simple functional disorder, but also of the special mental character of the patient, since much of our success must depend on a judicious reading of this, and our tact in dealing with it. Any who attempts to treat such diseases without careful study of the physiological characteristics of each individual patient, will inevitably fail.

The type of case best adapted for systematic treatment is, in my experience, the worn and wasted, often bed-ridden woman, who has broken down, either from sudden shock, such as grief, or money losses, or excessive mental or bodily strain. At first, perhaps, there may have been only a debility, constantly however on the increase, daily more and more yielded to, until at last all power of effort is lost, fostered too often by injudicious sympathy, and the constant nursing of devoted relatives and friends. Coincident with this is the total loss of appetite, the profound anæmia, and the consequent wasting of the tissues, so characteristic of these cases. On the soil so prepared are often developed the graver protean forms of hysterical disease, such as paresis, or paralysis, vomiting, disorder of motion, hystero-epilepsies, and many others which constitute the despair of the physician, and which must be more or less familiar to all of you. Such, in endless variations, are the cases which those of you who have attempted to cure them by ordinary medication will, I am sure, admit to have given unsatisfactory results, and caused more disappointment than almost any other in practice.

Now, the principal elements in the systematic treatment of these cases are :

1. The removal of the patient from unhealthy home-influences, and placing her at absolute rest.

2. The production of muscular waste, and the consequent possibility of assimilating food by what have been called "mechanical tonics;" viz.: prolonged movement and massage of the muscles by a trained shampooer, and muscular contractions produced by electricity.

3. Supplying the waste so produced by regular and excessive feeding, so that the whole system, and the nervous system in particular, shall be nourished in spite of the patient.

On each of these I shall offer one or two brief observations.

1. The removal of the patient from her home-surroundings, and her complete isolation in lodgings with only a nurse in attendance, is a matter of paramount importance. This is a point on which I am most anxious to lay stress, since it is the great crux to the patient and her friends; and constant appeals are made to modify this, which I look upon as an absolute *sine qua non*. I attribute much of the success which I have been fortunate enough to obtain in my cases to a rigid adherence to this rule. In almost every instance of failure in the hands of others of which I have heard, some modification in this rule has been agreed to, in reference to the wishes of the friends; as, for example, treating the case in one room by herself in her own house, or in admitting the occasional visits of some relatives and friends. While, however, the patient is to be rigidly secluded, it is incumbent to secure the attendance of a judicious nurse, with sufficient intelligence and education to form an agreeable companion. To shut up a refined and intellectual woman for six weeks with a coarse-minded stupid nurse, can only lead to failure. I have had more difficulty in obtaining suitable nurses, sufficiently firm to ensure the directions being carried out, and yet not over-harsh and unsympathetic, than in any other part of the treatment. Whenever my case is not doing well, I instantly change the nurse—often with the happiest results. In addition to the isolation, the patient is put at once to bed, to secure absolute rest. In many cases, she is already bed-ridden; in others, there has been a weary protracted effort, and the complete repose is in itself a great gain and relief.

2. Under the second head comes systematic muscular movement, having for its object the production of tissue waste. This is administered by a trained rubber, and here again is a great practical difficulty. The so-called professional rubbers are, in my experience, worse than useless, and I have had to teach

de novo a sufficient number of strong, muscular young women; and the aptitude for the work I find to be very far from common, since a large proportion of those I have tried have turned out quite unsuited for it. I cannot attempt any description of this process. I need only say that it consists in a systematic and thorough kneading and movements of the whole muscular system for about three hours daily, the result of which at first is to produce great fatigue, and subsequently a pleasant sense of lassitude. Subsidiary to this is the use of the faradic current for about ten to twenty minutes, twice daily, by which all the muscles are thrown into strong contraction, and the cutaneous-circulation is rendered excessively active. The two combined produce a large amount of muscular waste, which is supplied by excessive feeding; and, in consequence of the increased assimilation and improved nutrition, we have the enormous gain in weight and size which one sees in these cases, it being quite a common thing for a patient to put on from one to two stones in weight in the course of five to six weeks. The feeding, at regular intervals, constitutes a large part of the nurse's work. At first from three to five ounces of milk are given every few hours; and for the first few days the patient is kept on an exclusively milk diet. By this means dyspeptic symptoms are relieved, and the patient is prepared for the assimilation of other food. This is added by degrees, *pari passu* with the production of muscular waste by massage, which is commenced on the third or fourth day. By about the tenth day the patient is shampooed for an hour and a half twice daily, and by this time she is always able to take an amount of food that would appear almost preposterous, did not one find by experience how perfectly it is assimilated, and how rapidly flesh is put on. It is the usual thing for patients to take, when full diet is reached, in addition of two quarts of milk daily, three full meals, viz.: breakfast, consisting of a plate of porridge and cream, fish or bacon, toast and tea, coffee and cocoa; a luncheon, at 1 p. m., of fish, cutlets or joints, and a sweet, such as stewed fruit and cream, or a milky pudding; dinner at 7 p. m., consisting of soup, fish, joints, and sweets; and, in addition, a cup of raw meat soup at 7 a. m., and 11 p. m. It is really very rare to find the slightest inconvenience result from this apparently enormous dietary. Should there then be an occasional attack of dyspepsia, it is at once relieved by keeping the patient for four and twenty-four hours on milk alone.

Such is a brief outline of the method to which I am here to direct your attention. As to the results, I have already published several remarkable illustrative cases, so that it is perhaps not necessary to do much more in this direction. I may say, on

looking back at my cases, that the only ones with which I have any reason to be disappointed are those in which the primary selection has been bad; and in the view in which the results were not thoroughly satisfactory, I had doubts as to their suitability for the treatment, which I expressed beforehand. These include one case of chronic ovarian disease, and one of bad ante flexion with fibroid enlargement of the uterus, in both of which the local disease prevented any really beneficial results. In a third, I had to stop the treatment in a week, in consequence of cardiac mischief; two others were cases of positive mental disease; and in one case there was true epilepsy. I have no doubt that any positive co-existent organic disease of this kind should be contraindicated. In my other cases, the results have been all that could be wished, and in many of them the patients have been restored to perfect health after having been helpless bed-ridden invalids for years; in one case twenty-three without ever putting a foot to the ground, in others sixteen, nine, six, and so on. In two instances my patients were in such a state, that it was found absolutely impossible to move them except when anæsthetized; and they were brought to London by their medical men long distances under chloroform, in each case leaving in six weeks perfectly cured. I am not desirous of occupying your time by long details of cases, having already published several; but as many of my hearers have probably not seen my former papers, I shall conclude by a short notice of some of my recent cases, which will illustrate the classes of disease in which this method is so useful; and I select them not only for their own interest, but because the uselessness of all ordinary treatment in such conditions is proved by the fact that I have with regard to each of them a list of their former medical attendants, amounting, in one to no fewer than twenty-five in number, and including the names of many of the most eminent consultants in the country, of itself a sufficient proof that all that the most advanced medical knowledge and skill could do had been tried in vain.

Case 1. On the 24th of April last, I was consulted on the case of a young lady from the North of England, suffering from intense hysterical vomiting. This had commenced six years previously, after severe mental strain. Latterly she could keep nothing but a single mouthful of milk on her stomach, and this only when mixed with whisky, so that she was taking three to four glasses of spirit daily. She was terribly emaciated, weighing only 4st. 7lbs. Her mother wrote of her, "it is just five years last Christmas-day since she has ever retained a single meal. Her symptoms have been most distressing, and have resisted every kind of treatment. Her young life has been com-

pletely blighted, and I have long since given up her case as quite hopeless." The rapidity of the cure, in this instance, was almost ludicrous. In three days after she was isolated, she was keeping down two quarts of milk, it is needless to say no longer with the aid of whisky. In ten days she was eating with an enormous appetite, and in six weeks she left town weighing 7st. 8lbs., a gain of 3st. and 1lb., and has since remained quite well.

Case 2. The next case is illustrative of the evil effects of too much education and mental strain, in a clever girl of highly developed nervous organization. It was placed under my care by the advice of one of our most eminent metropolitan physicians, who had been seeing her frequently in consultation with her own medical attendant for several years, and beside him many other physicians, equally eminent, had been consulted. This young lady was seventeen years of age. At the age of fourteen, when working, she had suddenly broken down, got complete hysterical hemiplegia, and for four years had never been out of bed or moved either of her lower limbs. In addition, she had a loud barking cough, which could be heard all over the house, and which had resisted every kind of medication. No food could be taken beyond milk, and a biscuit, and an orange. This case was placed under my care as a sort test, and I particularly anxious it should turn out well. As to the result, I need only say that, at the end of a month I drove her out in my carriage, dropped her at the top of the street in which she lived, and made her walk down to pay her parents a visit. She has since remained perfectly well. It was a curious and characteristic point that her cough, which had resisted for years all sorts of energetic treatment at home, entirely ceased forty-eight hours after she was removed, and was never again heard.

Case 3. The next instance is one out of many of the same sort I have had under my care, and is a typical example of the kind of case best suited for this treatment. In this, there was no definite illness, no simulated disease, as in the last lady, but a general and complete break down. Her medical man sent her to me with the following note: "She has all her life been an invalid, with no well defined symptoms; sometimes headache and nausea; at others spinal irritability, giddiness, etc. In fact she is a typical hysteric or neuralgic patient. She never stirs out of the house, or moves from her bed to her sofa, eats next to nothing, and never happy unless seeing a doctor, or taking physic." I found, as was to be expected, that this young lady was wasted to a skeleton, chief complaints were nausea, headache, backache, intense nervous depression, and timidity (so that she was unable to speak to a stranger), and absolute anorexia;

skin dry and rough; menstruation irregular; entirely dependent on chloral and morphia for sleep. She was twenty-nine years of age, and for nine years had been entirely on her back. I need say no more about this case, than that it was as successful as the rest of the same type I have had to deal with, any one of which I might have selected as an illustration. In six weeks she was walking about; in two months she started on a sea-voyage with her nurse, with directions that she should be forced to mix as much as possible with the passengers, to overcome her dread of society. Only two days ago, she came to report herself to me, having travelled alone from the country by rail; and I positively did not at first recognize her—so different was the well-dressed, health-looking woman, from the wretched invalid of a few months ago. She tells me that she now plays tennis; goes out to picnics and parties, and enjoys life like anyone else.

Case 4. The last example with which I shall trespass on your patience, I am tempted to relate, because it is one of the most remarkable instances of the strange and multiform phenomena which neurotic disease may present, which it has ever been my lot to witness. The case must be well known to many members of the profession, since there is scarcely a consultant of eminence in the metropolis who has not seen her during the sixteen years her illness has lasted. besides many of the leading practitioners in the numerous health-resorts she has visited in the vain hope of benefit. My first acquaintance with this case is somewhat curious. About two months before I was introduced to the patient, chancing to be walking along the esplanade at Brighton with a medical friend, my attention was directed to a remarkable party at which everyone was looking. The chief personage in it was a lady reclining at full length on a long couch, and being dragged along, looking the picture of misery, emaciated to the last degree, her head drawn back almost in a state of opisthotonus, her hands and arms clenched and contracted, her eyes fixed and staring at the sky. There was something in the whole procession that struck me as being typical of hysteria, and I laughing remarked, "I am sure I could cure that case if I could get her into my hands." All I could learn at the time was that the patient came down to Brighton every autumn, and that my friend had seen her dragged along in the same way for ten or twelve years. On January 14th of this year, I was asked to meet my friend, Dr. Behrend, in consultation, and at once recognized the patient as the lady whom I had seen at Brighton. It would be tedious to relate all the neurotic symptoms this patient had exhibited since 1864, when she was first attacked with paralysis of the right arm. Among them—and I quote these from the full notes

furnished by Dr. Behrend—were complete paraplegia, left hemiplegia, complete hysterical amaurosis, but from this she recovered in 1868. For all these years she had been practically confined to her bed or couch, and had not passed urine spontaneously for sixteen years. Among other symptoms, I find noted, “awful suffering in spine, head, and eyes,” requiring the use of chloral and morphia in large doses. “For many years she has had convulsive attacks of two distinct types, which are obviously of the character of hystero-epilepsy.” The following are the brief notes of the condition in which I found her, which I made in my case-book on the day of my first visit: “I found the patient lying on an invalid couch, her left arm paralyzed and rigidly contracted, strapped to her body to keep it in position. She was groaning loudly at intervals of a few seconds, from severe pain in her back. When I attempted to shake her right hand she begged me not to touch her, as it would throw her into a convulsion. She is said to have had epilepsy as a child. She has now many times daily, frequently as often as twice in an hour, both during the day and night, attacks of sudden and absolute unconsciousness, from which she recovers with general convulsive movements of the face and body. She had one of these during my visit, and it had all the appearance of an epileptic paroxysm. The left arm and both legs were paralyzed, and devoid of sensation. She is naturally a clever woman, highly educated, but, of late, her memory and intellectual powers are said to be failing.”

I was determined that an attempt should be made to cure this case, and she was removed to the Home Hospital in Fitzroy Square. She was so ill, and shrieked and groaned so much on the first night of her admission, that next day I was told that no one in the house had been able to sleep; and I was informed that it would be impossible for her to remain. Between 3 p. m. and 11.30 p. m., she had had nine violent convulsive paroxysms of an epileptic character, lasting, on an average, five minutes. At 11.30 she became absolutely unconscious, and remained so until 2.30 a. m., her attendant thinking she was dying. Next day, she was quieter, and from that time her progress was steady and uniform. On the fourth day, she passed urine spontaneously, and the catheter was never again used. In six weeks, she was out driving and walking; and within two months she went on a sea-voyage to the Cape, looking and feeling perfectly well. When there, her nurse, who accompanied her, had a severe illness, through which her ex-patient nursed her most assiduously. She has since remained, and is at this moment, in robust health, joining with pleasure in society, walking many miles daily, and without a trace of the illnesses which rendered her existence a burden to herself and her friends.

In conclusion, I may remark that it seems to me that the chief value of this systematic treatment, which is capable of producing such remarkable results, is, that it appeals not to one but many influences of a curative character. Everyone knew, in a vague sort of way, that, if an hysterical patient be removed from her morbid surroundings, a great step towards cure is made. Few, however, took the trouble to carry this knowledge into practical action; and, when they did so, they relied on this alone, combined with moral suasion. Now, I am thoroughly convinced that few cases of hysteria can be preached into health. Judicious moral management can do much; but I believe that very few hysterical women are conscious imposters; and the great efficacy of the Weir Mitchell method seems to me to depend on the combination of agencies which, by restoring to a healthy state a weakened and diseased nervous system, cures the patient in spite of herself.

DISCUSSION.

Dr. Clifford Allbutt said that the reason why he had asked Dr. Playfair to open the discussion was, that he had been very much struck by the case, to which Dr. Playfair had not referred, of a lady he had sent to him from Yorkshire, a few months ago. Her removal was said to be impossible, and she could only be taken away under chloroform and swung in a hammock. He could add his testimony to the cure that was effected in that case, and certainly it was of the most astonishing kind. She was a lady of very high culture, and not a hysterical patient of the ordinary kind. She was a person of great mental control, and there was no morbidness about her, and her case was one of a purely physical neurasthenia. She had been ill for an indefinite period, was perfectly helpless, and her life was perhaps more a misery to herself than to anybody about her. But she was cured in about six or eight weeks, then went on a sea-voyage, and is now perfectly well. He also saw a case which put him in a very difficult position, not very long ago. He was asked by the Midland Railway Company to see a lady who had been in a railway accident, and was in a state of hysterio-epilepsy. It was absurd to say she was an imposter, but, mindful of these cases, he was obliged to go into the witness-box and say that she could be well in six or eight weeks. It was a strong step to take, and subjected him at the time to a great deal of unfavorable criticism. He did not know whether or not her friends had subjected her to this plan of treatment. With regard to the excessive dietary, he said that a rough observation had been made, with the result of showing that there certainly was no great quantity of undigested

material or overflowing *luxus* of consumption, so that the cure was not entirely a mental one, but was distinctly also a physical, as he supposed Dr. Playfair meant to point out. Finally, he had had one or two cases of male patients, and he should like to ask Dr. Playfair if he had any; also whether he did not think that, in some other cases attended with great defective nutrition, and where there was some degree of organic disease, possibly some amount of malnutrition threatening phthisis, the treatment might not be in some degree extended.

Dr. Ross bore testimony to the great value of the treatment under discussion. He laid stress upon the necessity of complete separation of the patient from her friends, and the selection of a suitable nurse. He believed that, although Dr. Mitchell's treatment was possibly not new in the sense that its separate recommendations were now made for the first time, it was new in the sense that these recommendations were, for the first time, combined so as to form a complete scheme of treatment.

Mr. D. De Berdt Hovell said that, if Dr. Playfair had proved anything, he had proved the absurdity of the term *hysteria*. Mr. Hovell had for the last twenty years been fighting against the one-eyed pathology which referred all these cases to the uterus and ovaries. No doubt these organs necessarily became involved; but to regard them as the cause was not only to miscall the disease, but to misdirect the treatment. All cases were caused by some circumstances depressing nerve-power, physical shock, a moral shock, and very frequently disappointment. Want of power and susceptibility to irritation were essential conditions of this state, and in many cases recovery was slow because the recuperative power was low. There was also great feeling of helplessness, which was misinterpreted into craving for sympathy. Many patients eventually lapsed into paralysis, or rather paresis. Mr. Hovell was of opinion that the sympathetic system was involved in this disease. He also thought that the condition of exhaustive debility explained the great capacity for food which some patients showed in recovery.

Dr. Myrtle said he unfortunately lived in a place where, for the last twenty years, hardly a year passed without his seeing one or two cases of *hysteria*. In his experience, one of the most essential points of treatment was to remove the patient from her usual surroundings; the next was to obtain her confidence. One thing that ought to be considered was, the want of power of co-operation possessed by the patient. Too much must not be attempted, but strong measures must be brought down to the weakness of the power of co-operation in the patients. A further plan was to encourage them in well-doing, as the recovery

of many patients was retarded as much by the cold-heartedness of their friends as by the injudicious sympathy of some of them. He was perfectly well aware of the difficulties of dealing with these cases, but he was pleased to hear this paper, because he was perfectly satisfied that these cases were very much misunderstood, both by the patient's friends and the medical attendants.

Dr. Drummond said he was exceedingly pleased to have had the opportunity of listening to the able exposition of Dr. Weir Mitchell's plan of treatment of aggravated hysteria by Dr. Playfair. He must confess that in a very great measure his cases of aggravated hysteria were amongst hospital patients, and he must add that he had not succeeded as well as he could have wished in his attempt to treat them by that method; the fact being, that the nurses are capable of being appealed to by the patient. In his opinion, there were, generally speaking, three gross forms of hysteria—(1) that entirely independent of the will; (2) that under the control of the will; and (3) the more or less malingering form. Dr. Drummond gave instances in illustration of his views.

Dr. Ransome remarked that, in several cases of hysteria associated with incipient phthisis, Dr. Weir Mitchell's plan of treatment had not only cured in hysteria, but had also been of great service in improving the condition of the lungs.

Dr. Henry Bennett remarked that the interest connected with Dr. Playfair's paper had attracted many members from the adjoining section, the Obstetrical. In the absence of any other volunteer, he felt called upon to break a lance in favor of the old Hippocratic doctrine, which referred hysteria in many cases, not in all, to the uterine organs, especially in young females. He prided himself in having been the first to introduce to the profession, many years ago, a fact now generally acknowledged—viz., that uterine disease, inflammatory as well as others, was not unfrequently found in virgins, young or otherwise, and was often the real cause of the worst forms of hysteria. Owing to his having brought these facts before the profession when he was in full practice, he had seen very many cases of this kind, in consultation or otherwise. He had usually cured them merely by getting at the disease and removing it, without any special treatment of any other kind. He fully admitted that aggravated hysteria existed without uterine disease, or might continue to exist even when the originating uterine disease had been cured, and that it might require other than surgical treatment. Dr. Mitchell had cured one of his own cases, that of a young American lady, who remained all but bed-ridden after the removal of uterine disease. This fact, however, is not a reason for ignor-

ing the practical facts to which he alluded, which the experience of a long clinical career had proved to be true. He constantly read in the writings of pure physicians (not gynæcologists), treating of aggravated hysteria, cases which to him were, most undeniably, forms of uterine disease, although the writers did not recognize the fact, for want of gynæcological knowledge.

Mr. Ross Jordan said he thought very highly of the views so ably and forcibly expressed by Dr. Playfair. From the experience of one or two cases, imperfectly carried out, he thought the plan of treatment of the greatest advantage. He wished more particularly to say a word or two on some of the opinions expressed by one of the speakers (Mr. De Berdt Hovell), as to hysteria not being the result of uterine disease. He thought many of the cases had such origin; and that physicians, more particularly those who professed a special knowledge of the nervous system, took a heavy responsibility on themselves, when they systematically ignored the existence of uterine and ovarian mischief in its earlier stages. No doubt, many cases of aggravated hysteria may be found without a trace of uterine disease, simply because the rest of chronic invalidism has allowed such disease to get well. He had found hysteria much more common in slight than in severe uterine or ovarian disease. He wished to say that, if such cases were properly treated, in their earlier stages, there would not be so many chronic invalids, nor so much profound hysteria.

Dr. Leech called attention to two cases of neurasthenia in men, which had recently come under his notice. He noted that, in both, relapses had occurred after apparent recovery; and he asked whether Dr. Playfair had noticed relapses in the cases which had been under his care.

Dr. Mahomed remarked on the frequency of relapse in all cases of hysteria; and asked whether Dr. Playfair had seen relapses in his own cases, or knew of them in those of Dr. Weir Mitchell. He wanted to know what had been the experience of others in the history of these cases, and their final termination, before the introduction of this treatment. He believed that the secret of the whole matter was the thoroughness of the treatment, and the complete confidence in its success. He believed that we much needed the same thoroughness in the treatment of other cases; and this could only be obtained by recognizing the truth of the plan of treatment which it was proposed to employ.

Dr. Playfair said, in answer to the President, that he had not sufficient experience of the effect of the treatment in men, although doubtless in suitable cases it might answer well. In other diseases it certainly did good—as in chorea. He had him-

self recently cured a most intense case of chorea, of nine years' duration, by this means, which had previously resisted every treatment. He had little to say in answer to the other speeches, except that the explanation of the enormous quantities of food taken was, beyond question, the excessive tissue-waste produced by massage. The waste required increased fuel, and in the process of assimilation the patient recovered. It was a strictly physiological process, based on improving the nutrition of the patient. He looked upon real organic disease as a positive contraindication. As to the question of relapse, all he could say was that hitherto none of his cases had relapsed; although, as a matter of common sense, every now and again these interesting neurotic women must be expected to go wrong again.—*British Medical Journal*.

SELECTIONS.

A SUBSTITUTE FOR CACTUS AND DIGITALIS.

THE following is the substance of an excellent article written for the *Record* by Dr. E. P. Hurd, Newburyport, Mass., on the use of "Lilly of the Valley."

This plant, commonly known as "lily of the valley," is a native of this country, being a garden flower of singular beauty and fragrance, also growing wild in almost all parts of the United States. Not much medicinal virtue has been attributed to it, although from time immemorial the peasants of Western Europe, where also it is native, have regarded it as a certain remedy for dropsy. In 1880, two Russian doctors, Troitzky and Bojojawlensky, published in the *Wratsch* the results of several interesting experiments with the convallaria in heart affections attended with dropsy, and the statements of the Russian doctors were confirmed by professor Botkin, of St. Petersburg.

Professor Germain See, of Hotel Dieu, Paris, has recently been experimenting with the convallaria maialis, first on animals to determine its physiological and toxic properties; and then on man, selecting for his subjects patients in the hospital suffering from well-marked forms of heart disease. The results of his experiments and observations are published in the *Bullitin General de Therapeutique* for July 30, 1882.

The subject is so interesting and so important that I have reproduced portions of Professor See's article. In common with other physicians, I have long felt the need of some reliable substitute for digitalis in affections of the heart characterized by enfeeblement of the circulation and asystolism. We ring the changes on the preparations of digitalis till we cease to see any good

result from the medicament; we resort to “cactus,” “coca,” “caffeine,” and “cereus bonplandii,” without success. If the “lily of the valley” will give us any help where digitalis fails, we shall joyfully welcome the new remedy.

1. *Preparations*.—The best preparations are the extracts which are thus classed by Professor See in their order of merit: (1) The aqueous extract of the leaves. This is rather more reliable though less strong than (2) the aqueous extract of the flowers. (3) The extract of the whole plant, root, leaves and flowers. The watery infusion of the leaves or flowers is a good form in which to prescribe the convallaria for cardiac patients.

2. *Clinical observations*.—Professor See reports twenty cases, occurring in hospital and city practice, in which the effects of the convallaria were noted. Five were cases of mitral insufficiency, characterized by want of rhythm (“arythmie”) œdema of the limbs, dyspnœa, inability to ascend stairs, asystolism more or less pronounced. The extract of convallaria maialis was given in doses of one-half gramme (in some cases increased to one gramme) daily, and to these five patients, with marked benefit. The heart’s action became stronger and more regular, the breathing became better, there was a notable increase in the urine, and the condition generally of the patient was improved. In all these cases the œdema of the limbs disappeared under the use of the medicine. The sixth case was one of mitral constriction which was immediately benefited. There was a speedy improvement in the pulse, with increase of urine and decrease, finally disappearance, of the œdema. Two cases of “primitive dilatation of the heart” were treated successfully with half gramme doses daily, of the extract. Several cases of aortic insufficiency were relieved of the more distressing symptoms by the same remedy. In three cases only of the twenty was the medicine given without success. One was complicated with lead poisoning, another was too far advanced for any remedy to take effect, the third was a case of atheromatous disease of the heart, aorta, and arteries, with interstitial nephritis; there was in this patient an amelioration for a few days, but the amelioration was not persistent.

CONCLUSIONS.

Dr. See’s conclusions are as follows:

First.—The convallaria maialis constitutes one of the most important cardiac remedies which we possess.

Second.—In the form of the aqueous extract of the entire plant (which is a very convenient way of giving the medicine), administered in the dose of from one-half gramme to one and one-half grammes daily, (about 7 1-2 to 22 1-2 grains,) the con-

vallaria produces on the heart, blood-vessels, and respiratory organs effects constant and constantly favorable; to wit, slowing of the beatings of the heart, with often a restoration of the normal rhythm, and on the other hand, augmentation of the energy of the heart, also of the arterial pressure; in fine the inspiratory force is increased, and the *besoin de respirer* is less injurious, less painful.

Third.—The effect the most powerful, the most constant, and the most useful is the abundant diuresis, which is above all things essential in the treatment of cardiac dropsies.

Fourth.—The therapeutic indications are summed up as follows:

(a.) In palpitations resulting from a state of exhaustion of the pneumogastric nerves (cardiac paresia), the most frequent source of palpitations.

(b.) In simple cardiac arrhythmia, with or without hypertrophy of the heart, with or without lesions of the orifices or valves of the heart.

(c.) In mitral constriction, especially when it is accompanied with failure of compensation on the part of the left auricle and right ventricle; the contractile force augment visibly under the convallaria, as the sphygmograph testifies.

(d.) In mitral insufficiency, especially when there are pulmonary congestions, and when, as a consequence, there is dyspnoea with or without nervous trouble of the respiration.

(e.) In Corrigan's disease the peripheral arterial pulsations disappear, and respiration becomes markedly restored. In dilatation of the left ventricle without compensatory hypertrophy it restores energy to the heart, which tends to become more and more feeble and dilated.

(f.) In dilatations of the heart with or without hypertrophy, with or without fatty degeneration, with or without sclerosis of the muscular tissue, the indications of the convallaria maialis are clear.

(g.) In all cardiac affections indifferently, from the moment that watery infiltrations appear, the convallaria has an action evident, prompt, and certain.

(h.) In lesions with dyspnoea the effect is less marked. To combat cardiac dyspnoea, convallaria is inferior to morphia and especially to iodine, but morphia suppresses the urine, and the preparations of iodine are every way preferable. The combination of convallaria maialis with iodide of potassium in the treatment of cardiac asthma constitutes one of the most useful methods of treatment. Finally, in cardiopathies with dropsy the convallaria surpasses all other remedies. One is often obliged to suspend the employment of digitalis on account of

vomiting, digestive disturbances, cerebral excitation, the dilatation of the pupil which it so often produces after a prolonged use of this medicament, etc.

The final action of digitalis is exhaustion of the heart, increase with enfeeblement of the heart's pulsations—just the opposite effects from what we seek when we give the drug.

Convallaria maialis has no deleterious effects on the economy, and has no cumulative action.

Postscript.—I have recently obtained a liquid extract of the Lily of the Valley from the manufactory of Parke, Davis & Co. These enterprising pharmacists have advertised the cardio-tonic virtues of convallaria in terms almost identical with those employed by the distinguished French professor. It is gratifying to observe that their claim for convallaria, "that it is a safe and efficient substitute for digitalis," has received such high endorsement, and from a medical writer and teacher evidently ignorant of the fact that certain eclectic practitioners in this country have for years prescribed the lily of the valley in cardiac dropsy.

I have lately employed Parke, Davis & Co.'s preparation in two cases. The one is a patient suffering from Corrigan's disease—partly compensated. He is incapacitated for any but very moderate exercise; has attacks of syncope, dyspnœa, and angina. Though he has taken the convallaria only three days, he has been entirely free from his usual faint and giddy turns, has had no angina pectoris, and has been able to do his work with increased comfort. The other is a case of aortic and mitral insufficiency, with enormous dilatation and marked asystolism. There is dyspnœa (orthopnœa) from pulmonary stasis and hydrothorax, some œdema of the extremities, vomiting and digestive disturbance. This patient is greatly dependent on hypodermics of morphia. I have prescribed the liquid extract of convallaria in doses of five drops every four hours. So far the effect has been gratifying. There is more force in the cardiac pulsations, and in the pulse at the wrist. The dyspnœa is relieved. The quantity of urine is notably augmented. The patient has better nights and can take more food. I do not look for any permanency in these good results; granulo-fatty degeneration of the heart is evidently far advanced.

August 30th.—Mrs. C——, the patient referred to in the last paragraph, continues to improve after a fortnight's use of the new remedy. The cardiac contractions are slower and more friable, the dyspnœa has disappeared with the pulmonary stasis and the hydrothorax. She can now lie down *flat on her back*. This relief has been coincident with a copious diuresis, com-

mencing the third day of the administration of the medicine. For several days the quantity of urine passed during twenty-four hours has been as high as sixty ounces (before commencing the remedy the average quantity *per diem* was eight ounces). The dose now taken of the convallaria maialis is twelve drops every four hours. For a while I was able to suspend the morphine injection (one grain at night subcutaneously), but latterly I have been obliged to resume it on account of the return of the angina, from which she has long been a sufferer. It is evident that the convallaria has done all that any remedy could be expected to do in this case, as atheromatous changes in the nutrient vessels of the heart are more than probable.

FLUID EXTRACT OF JABORANDI FOR TYPHOID FEVER.

DR. A. L. FOREMAN, of Milton, Ill., in the June number, 1882, of the *Medical Brief*, states that he believes the fluid extract of jaborandi will abort an attack of typhoid fever. For the past six months, his community has suffered from an epidemic of this fearful disease—many cases proving fatal. The average duration of the cases has been over thirty days. Last December he lost his first case on account of intestinal hæmorrhage. Since then, he has succeeded in every instance to which he has been summoned in time—some ten or more—in cutting short the disease by the use of the fluid extract of jaborandi. He uses this medicine in half-drachm doses, given in a little hot water, every half hour, until four doses are taken. In the meantime, allow a little hot coffee to prevent sick stomach. Allow no cold drink. This treatment brings about a copious diaphoresis. In from four to six hours, he begins to give from two to four grains of quinia sulphate every three or four hours, and then he uses fluid extract of jaborandi mid-hour between the administration of quinine. With the jaborandi, he gives fluid extract of aconite and water, as in the following prescription :

R. Fluid extract jaborandi..... ʒ j
 Fluid extract aconite.....gtt. x
 Water.....q. s. ʒ iv

M. S. : A teaspoonful [as above stated—every four hours—between the doses of quinia].

All solid food should be prohibited ; but let the patient take four ounces of warm, fresh milk every three hours. Under this treatment, if the cases are seen in the first days of the attack, he has been able to discharge them as cured in from three to seven days.

[The editor of the *Medical Monthly* has several times used this plan of treatment, having begun it some three or more years ago, and has had encouraging results. But in some cases in which he has used this agent against supposed attacks of typhoid fever, he has doubted the correctness of his diagnosis, and solely because the cases have got well so readily. In one case of typhoid fever in which jaborandi was *not* used, his patient died. It may be skepticism that leads us to doubt our diagnosis in the several cases of beginning typhoid fever, that have recovered so rapidly; but with the single exception of the fatal case referred to of true typhoid fever, in which a competent consultant was in attendance and confirmed the diagnosis, we have not had a death from this disease since we began the use of jaborandi. Such a fact is suggestive. We do not undertake to assert, so positively as Dr. Foreman, a special confidence in the value of jaborandi. Still our experience has been sufficiently encouraging to lead us to use the medicine in cases of *continued fever*, of which there was no other *practicable* diagnosis, provided they are seen in their commencement. Like most general practitioners, we have kept no notes of our ordinary run of cases.

We frequently regret not having done so; and this common regret of many physicians in large practice should serve as an advice to those who are entering upon the duties of the profession, to adopt some method by which they can preserve notes of *every* case they attend.

But returning to the matter of using jaborandi in typhoid or *continued* fever, during the first week of its invasion, we would recommend its further trial. If the results are favorable or otherwise, we would be glad to have exact reports from any of our readers. Our best way of arriving at satisfactory conclusions in regard to the management of diseases is to record our facts, and request their criticism—whether favorable or denunciatory. Let *truth* prevail.]—*Virginia Medical Monthly*.

PUERPERAL CONVULSIONS WITH HYDATIDS OF THE UTERUS.

JANUARY 9th, 1882, I was called to see Mrs. T. L., a German, residing eight miles distant, who, the messenger stated, “was having fits.” On my arrival I found a woman lying on the bed, insensible, face bloated, œdema of the legs, pitting deeply on pressure. Her husband stated that she had had twelve convulsions before my arrival, and just as I entered the room she had a typical uræmic convulsion. There was a urinous odor pervading the house, which was a small cottage far from town, and the sur-

roundings were meagre in the extreme. I drew off about $\frac{3}{4}$ ii of urine with the catheter, which was the first that she had passed for some hours, and upon testing it with the very handy pocket urine case, which is made in New York, I found that it *completely* solidified on the application of heat, so that I turned the test tube bottom side up, and the urine remained in the tube.

On making a vaginal examination, I found a uterus enlarged with a soft patulous os, which was evidently dilating. There was some hemorrhage. Her husband did not know, but thought she was about four months pregnant. She looked to me a very unpromising case. There was no hope of any good nursing; if I ordered poultices to be applied, I knew that they would not be properly used; there was no chance for hot baths or anything we might use if the circumstances were different. In the meanwhile another convulsion came on, which I controlled with a little chloroform which I had with me. I therefore gave hypodermically morphia sulph., gr. 1-2, and left a solution of chloral to be given, if she became able to swallow. I also ordered a solution of potass. bitart., to be given *ad libitum*, when they were able to do so. I then left, telling the family to notify me in case of any change. The following morning I received word that she was better, and that they would like to have me call. On my arrival I found that she had had no more convulsions, was more sensible, had been flowing considerably, but that nothing had come away. On making an examination, I found in the vagina a mass, which I at first supposed was a placenta; but on withdrawing it, for which purpose it was necessary to introduce my whole hand, I found that it was composed of a mass of cysts, hundreds in number, which corresponded to the descriptions given of hydatids of the uterus. I found that the uterus was empty and contracted well. I gave a dose of ergot hypodermically, and a quarter of a grain of morphia, and left some tr. veratrum viride, with instructions for its use. The œdema rapidly disappeared, the mind became rational, the urine free, and in about three weeks the patient was about the house, doing her work. At that time there was barely a trace of albumen in the urine, and no casts could be found with microscope. The peculiarity of the case appears to me to be, the early occurrence of uremia in her pregnancy; the prompt action of morphia in controlling the convulsions, assisted, probably, by the free bleeding from the uterus, and her recovery under such adverse circumstances.—*Dr. L. B. Almy, Norwich, Conn.*

REVULSIVES.

DURING my recent trip through portions of Mexico, some peculiar practice was observed. Being ever ready to absorb any new crumbs of science, prompted me to travel through that

strange country with eyes wide open. The natives have a very successful mode of allaying or mitigating pain—the old theory of “revulsion” put into thorough practice. Several severe headaches were quickly relieved by rapidly chafing or scratching some remote part of the body. Stomach-cramp was apparently thoroughly relieved by rapidly scratching the arm of the patient, and a child, suffering with extremely painful ophthalmia, was quickly lulled to sleep by rubbing the feet and limbs with a soft silk handkerchief.—*Chicago Medical Times.*

CHECKING PULMONARY HEMORRHAGE WITH SHAWL-STRAPS.

A YEAR ago I had occasion to try strapping the extremities in a severe case of pulmonary hemorrhage, where the attacks rapidly followed one another. The free hemorrhages were so quickly controlled by this convenient method of treatment that I should like to record my observations on the subject. The first case upon which the straps were used: was as follows:

Mr. B——, aged twenty-one, had lately returned from the Adirondacks, where he had sojourned for two years. His case had been pronounced so much improved that he was permitted to remain at home, where he had been spending the months of April, May, and June. By over-exertion he experienced a severe hemorrhage from one or both lungs, which recurred every few days and sometimes with but a few hours' interval. Ergot and ergotine internally and by hypodermic injection, gallic acid, turpentine, etc., were each successfully tried, but did not control the hemorrhages, until the patient, of a somewhat robust nature, was completely exhausted. Alarmed by the excessive bleeding and also by the frequency of the attacks, I had a pair of ordinary shawl straps punched with holes a quarter of an inch apart, and also braided three strands of drainage-tubing, making two cords of as many feet long. The next hemorrhage being an excessive one, I laid a folded napkin over each femoral vein just below the fold of the groin, and adjusted the straps about the thighs as high up as possible, so that the buckles would be over the napkins. I then proceeded to tighten the straps as much as I conveniently could, intending to stop the venous return without interfering with the arterial supply of the extremities. Having drawn these up tightly, I hastened to bind the arms near the shoulders with the rubber tubing. To my surprise the hemorrhage was checked almost immediately, and in about five minutes I loosened the straps and tubing. This was no sooner accomplished than the patient complained of a great shock to

“the sore place,” and the bleeding commenced again. The same procedure checked it almost as quickly as before, the sudden decrease in pulmonary arterial tension following the temporary removal of so much blood from the circulation allowing a coagulum to form. The straps also afforded such relief to his dyspnœa that the patient begged me not to remove them. In about five minutes, the extremities becoming markedly cyanotic, the straps were loosened, a hole at a time, when no hemorrhage recurred.

By this method alone I as successfully checked no less than fourteen hemorrhages, the patient placing such confidence in the straps that he refused to allow their removal, but kept them loosely about his limbs. His shallow and difficult respiration was greatly relieved by keepeng an arm and the opposite leg strapped. At the end of five minutes, however, or as soon as the members became mottled and blue, it was advisable to change and strap the opposite limbs. This often diminished the respirations five to ten a minute, my patient becoming very dependent on this means of relieving his dyspnœa. Mr. B—— would frequently remark to me, “Wait until I go back to the woods; I will then show them how to stop a hemorrhage”—referring to the little band of consumptives who gather daily to take their temperature and discuss their symptoms at Saranac Lake. Since this, which I present as a typical case, good fortune has enabled me to observe the effects of this method on four patients, the results being as good or nearly so. My esteemed friend, Dr. W. G. Thompson, of the New York Hospital staff, reported that he had tried my method last winter on a patient in one of his wards, who had resisted all other means employed to stop his hemorrhages, and obtained immediate relief. At the time, I supposed myself to be the initiator of this method of controlling pulmonary hemorrhages, but have since learned that Galen made use of some such means, and more recently Dr. Detmold, of this city, is said to have employed somewhat the same principle in hemorrhage in general, and also to relieve the dyspnœa of pneumonia. Es-march also suggested tying the extremities in gunshot wounds of the lungs. The tradition among the laity that a string tied around the finger or toe would relieve nose-bleed undoubtedly descended from an ancient practice of so relieving hemorrhage, the string having likewise ascended on the extremity. I neither dispute priority with Galen nor Dr. Detmold. The one claim to originality I advance is the employment of the ever-ready shawl-strap, which simple means I recently had an opportunity to employ successfully on the top of a stage-coach. If this method has been advanced previously, I would like to ascertain why it

is not more generally used, and call the attention of practitioners and the laity to a method convenient in its simplicity and efficacious in its application.

DR. H. CURTIS, New York.

*QUEEN OF THE MEADOW FOR ENLARGED
PROSTATES.*

DR. J. BAUGH, of Hamilton, Canada, reports the uses of this comparatively new remedy, which has been too much overlooked by the profession. He says, in the *Canada Lancet*, Aug. 1882: The use of this drug in the treatment of senile enlargement of the prostate gland has, in three cases, given me wonderful results. About ten months ago I was called to see T. B., æt 68, in the city of London, and found him suffering from retention of urine. I had him put immediately into a hot hip-bath, the hot water coming well over the pubes, and administered a drachm of paregoric and twenty drops of Hoffman's anodyne every thirty minutes. He remained in the bath about fifteen minutes, when hot wet cloths were applied over the bladder. Nearly two hours elapsed before this method of treatment had the desired effect. After the bladder had been evacuated, I found on examination per anum, hypertrophy of the prostate. I then explored the urethra with a number 10 catheter, found no obstruction, and the instrument glided into the bladder without difficulty. Two weeks subsequently to this attack, I was called again to the same patient. I tried my former method of treatment, but it failed. I also failed to introduce the catheter. Matters were becoming alarming, and I was about to send for professional assistance, when it came from another source, viz., an old woman. She volunteered the information that the patient wanted a dose of Queen of the Meadow, (the common name for spiræa ulmaria) and that if he got it, it would cure him in quick time. She said some could be procured in a few minutes. I asked her to get it. It was brought, an infusion was made, and a half-pint given to the patient, and in fifteen minutes he desired to micturate and emptied his bladder without difficulty. Since that time the patient has needed no medical or surgical aid to rid him of his old enemy. If he gets on a spree and his old trouble threatens him, he takes Queen of the Meadow tea and rejoices in being saved. In two other cases of this nature in which I used this drug, the results were just as satisfactory. I have tried it on myself in health, and find it acts as a diuretic and astringent, since it sometimes causes smarting pain as the urine passes along the urethra. Its anti-spasmodic properties are very marked at the sphincter vesicæ, and I think

much of its virtue in the affection named results from its power to overcome the contraction of the neck of the bladder arising from irritation in the prostatic region. It is my opinion that, in many cases of retention of urine from prostatic enlargement, the enlargement is not, *per se*, the main obstacle, but rather the spasmodic contraction of the sphincter vesicæ, as the result of sudden congestion or inflammation of the prostate gland. In conclusion, I would ask for this drug a fair trial by the profession.—*Virginia Medical Monthly.*

SIMPLE TREATMENT OF EXCESSIVE SWEATING.

DR. T. H. CURRIE, of Lebanon, says, in the *Michigan Med. News*: "For over thirty years I have used the following prescription, without a single failure, in sweats from whatever cause: Alcohol, O. j.; sulphate of quinine, ʒj. Wet a small sponge with it and bathe the body and limbs, a small surface at a time, care being taken not to expose the body to a draught of air in doing it. In one case, a neighboring physician was poisoned while dressing a mortified finger. He suffered untold misery, and was drenched with perspiration for a number of days, and his life despaired of. When I saw him, I ordered him to be bathed immediately in the above solution, and that this be repeated once in two hours. The third application stopped all perspiration, and convalescence began at once."

EXPERT TESTIMONY.—EXAMPLE OF CHICAGO ECLECTICS.

A CASE was recently tried in Chicago which brought up this question in a new phase. A member of the Eclectic society was expelled for violating its code of ethics by advertising a patent medicine. He brought a suit of criminal libel against the president of the society. During the proceedings several lay witnesses were called to testify to the virtues of the medicine. Their testimony was excluded on the ground that they were not experts, and consequently not capable, legally, of giving evidence on the subject. The point at issue in the case was not of special medical interest, but this decision is, as it gives legal sanction to what has been long recognized as a fact by the profession. In the war against patent medicines this decision may yet prove of value.—*Chicago Medical Review.*

EDITORIAL.

“In things essential, unity; in things doubtful, liberty; in all things, charity.”

RETURNING TO WORK.

A PRUDENT maxim for the man of energy who has come back, glowing with the warmth of new life, with skin bronzed, and pulse bounding, will be to get into the saddle again, not by vaulting, but very easily, and to feel the mouth of his refreshed steed gently, before he gives it its head, and sets out on some new feat of strength and daring. If this precaution be not taken, there will probably be a repetition of the too familiar experience—namely, a headlong rush into work, a squandering of strength and energy, with an early break down, or premature exhaustion before the time for another revival comes round. Each year added to the tale of a man's life, diminishes his capacity for the renewal of strength, mental and physical. The reserve stock of potential energy accumulated, is less after each season. The faculty of recuperation is itself worn out, as time rolls on. It is therefore only commonly discreet, to husband the diminishing reserves, more carefully after each replenishing. If the man of business advancing in years, even though the sum of his days be small, would bestow some timely caution on the expenditure of his strength of body and mind, particularly in the early weeks—when a sense of energy tempts him—after a vacation, he would economize the stock of life itself, and avoid that feeling of being breathless and played out which so often overtakes the busy worker at the very crisis of his labor, later on when all the power, and clearness, and energy he can command are needed to prepare the way for another season of relief and possible refreshment. To be deceived by purely subjective experiences, and rush at once into exhausting labor, is to court premature weariness and disappointment.

The wise will set higher value on the stock of strength accumulated, and dole it out cautiously, if not even in a somewhat niggardly fashion, while the feeling of buoyancy persists.

We have but just returned after a brief absence, and if our readers find the JOURNAL a little late this month, and hardly up to its average, they will please understand that we are taking to ourselves somewhat of the caution expressed above.

AN ELECTION THAT DID NOT TAKE PLACE.

THE statement having been recently made that Rev. Henry Ward Beecher was cured of hay fever, and would not go to the White Mountains this season, the editor of a prominent paper in

an adjoining city, who has suffered for the past fifteen years from this disease, wrote Mr. Beecher regarding the alleged cure, and received the following characteristic response :

PEEKSKILL, N. Y., Aug. 26, 1882.

Go straight to Smith, Doolittle & Smith, 24 and 26 Tremont Street, Boston, and get a bottle of Townsend's Hay Fever Cure, and bless God that you are elected. Only make it sure by faithfully trying it. I can count the number of exempts on every side. *Twice* I have escaped the slimy monster and this is the thing that baffled him. But don't get well and *say nothing*, but let me know the result. I now defy the mountains and the sea.

HENRY WARD BEECHER.

Encouraged by the confident tone of this advice, the gentleman obtained the "cure" (?) post haste and tried it faithfully, only to find that, like the woman of old, of whom the reverend adviser has doubtless heard, he "was not a whit better, but rather the worse." At St. Johns he found the relief he craved.

There are two forms of annually recurring bronchial inflammation (catarrh) in persons blessed (?) with a peculiar idiosyncrasy. The first is popularly known as the "rose cold," or "June cold," commencing late in May or early in June, and extending well into July. The other form, commonly spoken of as "hay fever," or "autumnal catarrh," begins generally in the third or fourth week of August, and ends in the latter part of September or October, rarely if ever continuing after the occurrence of black frost. In a certain proportion of cases asthma complicates it and adds much to the distress and general discomfort. The local symptoms denote irritation and sub-acute inflammation of the nostrils and bronchial mucous membrane, together with some febrile movement, and more or less constitutional disturbance. It does not seem to exist much south of "Mason and Dixon's line," nor in the colder regions of Canada. We have an acquaintance in whom the annual visitation in successive years occurs on precisely the same date—September 20th. Doubtless the exciting cause exists in the atmosphere, and probably proceeds from something emanating from the vegetable kingdom, but the particular agents remain to be ascertained. It is altogether probable that not every case depends upon the same cause, that is to say, emanations from different vegetable products are involved in different cases. The pollen from the ragweed gets the credit of producing it in some cases, and certainly not without some showing of proof. On going to sea the disease disappears as the shore recedes. From the experience of our brother of the quill, it would appear that not even Beecher's blessing can constitute any remedy a panacea. Of the many preparations prepared, all fail in as many or more cases as they succeed in.

STARVING IN THE MIDST OF PLENTY.

DIETING in disease is occupying (justly we think,) more and more the attention of the profession. When the system is enfeebled by long continued illness, and the vital powers are at a low ebb, the digestive processes also are enfeebled and unable to appropriate food in its ordinary solid form. It is a matter of the first importance that the system be sustained, and therefore all sorts of stimulating fluids have been resorted to, foremost among them generally being beef tea.

Many writers have endeavored to impress the public, and also the profession, with the true value of this fluid; that it is a stimulant, and in no sense a nutrient or food; and that it consists largely of excrementitious matters, being almost identical with urine in composition, but containing only a *trace* of urea. Their efforts to instruct seem, however, to have been of comparatively little avail, for one constantly meets with those, even in the ranks of the profession, who cling to beef tea as a nutrient, with the most implicit and unshaken faith, while the public, generally speaking, meet the statement that milk is a far cheaper, more powerful, and every way better blood and muscle-making food, with disbelief, uttered or unexpressed. They either flatly contradict and argue, or meet the statement with an incredulous stare and silent scepticism. Yet it is a fact that beef tea, as commonly made, consists chiefly of the products of muscular waste, just the materials that, had the animal lived longer, would have passed out in the urine, and a patient may literally starve in the midst of plenty, (?) and an abundance of beef tea. We would not, however, deny to even ordinary beef tea, the value it possesses as a stimulant; one we could hardly do without in some cases, and one we would find it difficult to replace, but it is a stimulant only.

The beef tea, which the housewife so proudly dilates upon, or the mother or wife prepares for the sick one, with loving care, is a delusion and a snare, in that it consists only of the flavor and soft portions of the meat, leaving the real substance and nutritious part to be discarded. Albumen coagulates at 160°, and when boiling is employed in the preparation, as it generally is, that most essential substance, together with the other proteids, become locked up in the meat substance, and a mild stimulant is all the patient gets. Meat being one of the most essential articles of food in health, the supposition that, in a liquid form, it is one of the best articles of diet in sickness, becomes a natural one. Many preparations have been placed before the public purporting to be meat in just such a form, but many of them are, we believe, of but little value.

Some months since, Scott & Bowne, of New York, sent us a

large sample of their "Soluble Beef," with a request to try it in our practice. At the time we paid but little attention to it, merely placing it among our ever increasing stock of "samples." Not long after, however, we had a case in which liquid food seemed the only admissible form, and in which milk, iced, cold, or warm was utterly repugnant. We remembered the "Soluble Beef," and determined then and there to put it to the test. We can truthfully say we liked it; so did the patient, a young and delicate female. She relished it, and derived benefit, as well as pleasure, from its use. Spread, in the dry form, on a soda cracker, it seemed very grateful to her, and she never appeared to tire of it. We have since used it, and ordered it in several cases, with considerable and increasing satisfaction. In one case, diagnosed as gastric ulcer, in which any form of food caused distress and was returned, we found that it was perfectly retained, caused no distress, and checked the loss of flesh and strength, when given with the cracker as above. It seemed to tide her over nicely unto the time when the stomach would tolerate other and solid food. Taken warm, with a little salt added, it is decidedly tasty, and delicate children can and will take it with advantage. In cases where ulceration of the stomach exists, we believe warm food of all forms should be interdicted, and we would then give it either cold, or as in the case above. We shall continue to order the "Soluble Beef."

CONSUMPTION OF THE TEETH.

THE march of progress seems to tell terribly on the teeth, for what other cause there can be for the pre-eminently disastrous condition of the molars of this country, it is difficult to imagine. It is said that there are at present twelve large factories for the production of artificial teeth in the United States, and their products are chiefly for home consumption, though it sounds strangely inconsistent to speak of *consuming* teeth. These twelve factories turn out ten million teeth in a year, while the consumption of gold used annually in stopping cavities in natural teeth, of this country alone, amounts in value to \$2,500,000, and is one of the chief facts that is alarming the bi-metallists, as it bears a very large proportion to the yearly production of that metal. The present dearth and high price of ivory may perhaps also be traced to the American demand for molars and incisors, for in this respect, as in many others, this country exceeds all Europe. Ships under the stars and stripes seem to be as busy in importing gold and ivory from Europe, as were those of King Solomon from Tarshish, though history, which only narrates the tooth-aches of princes and the great ones of the earth, is silent as to whether this evil was prevalent among his subjects at that time.

It is an ill wind, however, that blows nobody good, and the American dentist, like the German oculist, flourishes on the physical failures of his countrymen, and this general defectiveness of teeth explains, perhaps, why dentistry in this country is a profession, while in the different countries of the old world, it is little, if any, above a trade, such as blacksmithing. It is also said, that could all the gold that has been used in filling the teeth of persons who have died, during the past twenty years, be extracted, a sum sufficient to cancel the national debt would be realized. But we think this statement should be taken with a grain of salt, though no doubt the amount would be astonishingly large.

WANTED! AN ECLECTIC PHYSICIAN.

WE are in receipt of a letter from a professional friend in an eastern county, concerning two points, either of which he regards as an excellent field for a good physician. One of these is a thriving railroad town of about 1500 inhabitants. The only physician—an allopath—died recently, having accumulated a large property in practice at that place. The second point, also on the railway, joins the first, and a portion of it depends for a physician upon the first. It has a population of over 3000. Beside a homœopathic physician, it has a regular, (?) who is reputed to be “an abortionist and rum seller.” Our informant writes, “were I seeking a new field, I should certainly put out my sign in one of these towns. They are very pleasant, have good schools, etc., and a pleasant people. Find a good man if possible, and send him along at once, before the field is taken possession of.” To any capable and worthy eclectic physician, desiring further particulars, and addressing us with stamp, we will render all the information and aid in our power.

THE MAINE MEDICAL COLLEGE.

WE have before us the Second Annual Announcement of the Eclectic Medical College of Maine, and are pleased with the manner in which it sets forth its plan for work, especially that it promises, not only to teach the fundamental branches of medicine and surgery, but has also arranged for lectures on special subjects. This is progress in the right direction.

We had hoped to see announced that the second course would continue twenty weeks, according to the requirements of the National Eclectic Medical Association, and the needs of the students. We are glad, however, to know that the matter is being agitated, for the future of the college, and, indeed it must be done to secure the approbation of the eclectic profession. For

the college to do this would secure to it immediate favor, and be a most healthful hint to Bowdoin and Dartmouth.

There is a great demand for a strong Eclectic Medical College in New England, in order that our men may be educated and retained at home, to fill the hundreds of openings here that are awaiting well qualified eclectic physicians.

We bespeak for the college the liberal patronage and generous *financial* aid of all lovers of liberal medicine in New England, and wish it the most abundant prosperity in its courageous undertaking.

OUR FOREIGN LETTER.

THE following letter was received too late for our last issue. We have a second written during the homeward passage, which we will print next month.

DER KAISERHOF, BERLIN, Aug. 29th, 1882.

ROBERT A. REID, M. D.—*Dear Sir:*

It will perhaps interest some of your readers to hear something concerning the hospitals of this city, which have a world-wide reputation in connection with the operations of Langenbeck and other eminent surgeons. The Royal Charite, No. 7 Unterbaum Strasse, is the largest one here. Erected in 1710, by Kaiser Friedrich Wilhelm the First, it was used as a pest house, and was much enlarged in 1727 for the same purpose. About a hundred years ago it was built over into its present form, and converted into a general free hospital. Since that time it has received numerous additions, such as the Pathological Institute—the New Charite, etc., until at present it extends over several acres of ground, and contains upwards of 1800 beds. The medical staff is composed of thirteen directing physicians, twenty-five chief physicians, and twenty-six assistant physicians; and connected with the hospital is an insane asylum, a school for midwives, one for nurses, a dispensary, and a chapel. Each department has its separate building, and there are several barrack or “outdoor wards,” for the reception of cases of erysipelas, gangrene, and other diseases of a similar nature. Having obtained a permit from the directors, which directed an official to show me about the place, I visited it yesterday. In the amphitheater, operations were in progress. Dr. Alberti had just completed the removal of a cancerous tongue with ligature of the right carotid. Dr. A—— invited me to accompany him through the wards, which I did. The first was an accident ward, reserved for males with severe injuries, and contained about twenty beds. Here the carbolic spray, which has fallen into disuse in many sections, was used, I observed, in redressing a number of amputations, etc.

The second ward was also for men, but those with fractures or less formidable injuries. Here my attention was called to a man of about thirty, who had been run over by a heavy wheel, stripping off the skin from the anterior aspect of the leg, and completely denuding the deeper structures for a space about eight inches long and five wide. For seven weeks all attempts to cause healing to take place had been unavailing, and consequently Dr. A—— had transplanted healthy skin five days before, with perfect success, the patches of skin had adhered and new granulations were seen. I saw a very peculiar case in one of the female wards. The patient, a well nourished women, aged 42, beside a spinal curvature, had, what they called “hypertrophy of the skin.” No case like it had been before known. Around the trunk, extending as low as the umbilicus, were granulating excrescences, hanging in clusters, the clusters varying from four to eight inches in length, and two to four in diameter. In the left infrascapular region were excrescences hanging down over the hip of same side, and excreting a fetid fluid. A cluster weighing seven and a half pounds had been removed by electrolysis from beneath the right shoulder blade. The others will be removed one by one by the same method. Her general health is good, and altogether I thought it a most unique and interesting case. In one of the barrack wards, in which patients who had sustained major operations were placed, I saw a patient upon whom amputation for a gangrenous limb had been twice performed, and was to be repeated in a day or two. Active work at the clinics is suspended during this month. I visited Carl Zeiss, of Jena, the maker of the finest microscopes made. He employs two hundred men, of whom ten grind and polish high power object glasses. Prof. Abbe, who has done much to perfect the microscope, and planned many ingenious devices, showed me his new micro-spectroscope eyepiece for analyzing the blood, and his apparatus for counting the corpuscles, which I will bring home with me. Through the kindness of Dr. A. Hamer, “Ingenieur Chemist” of Berlin, I have obtained the formula of oxymurin, a new remedy for diphtheria, typhoid fever, and other zymotic diseases, which promises great results, and which I hope, before long, to bring to your notice.

Yours fraternally,

G. H. MERKEL, M. D.

THE INJECTION OF MORPHIA IN CHOLERAIC DIARRHŒA.

THE article which appeared in the August number concerning the use of morphia hypodermically in the treatment of cholera,

and the choleraic form of diarrhœa, has evidently awakened some interest, for we are in receipt of a second communication, extolling the happy influence of such a measure. Our correspondent, like the one who wrote last month, modestly seeks to escape notice behind a *nom de plume*. We regret that it is so, for it lends an additional interest, we think, to an article, to know from whose pen it came.

DEAR SIR:—I also have reason to speak in praise of the hypodermic injection of morphia, as I have suffered martyrdom from colic and obstruction three times, the first for many days, but was relieved at last by very large doses of laudanum. The second time I was with a friend, a physician, and the second day he secured a hypodermic syringe, and I secured relief by its use and a full dose of morphia. The relief was almost instantaneous, and *what* a relief, after more than twenty-four hours of agony. The feeling was as though an entanglement in the intestines was unravelled. The third attack was when I was alone in a little hotel among the mountains, and I managed the affair for myself with the same happy result. The last case of colic that I treated in my stable was cured with opium, and I mention the dose as it may be valuable to others. The case was one of dreadful suffering to the poor animal, and a most sensible veterinary was watching and consulting with me. He first, by his own desire, gave a warm decoction of aloes, and then by mine, continued hour by hour, to throw up large injections of warm water, as I thought it must be beneficial. No good following, I asked him to give a full opiate and anti-spasmodic. We decided on tincture of opium and compound spirit of sulphuric ether, of each an ounce, guarded in gruel. This caused relief, but the pains recurring in an hour we repeated the dose, and shortly after a warm water injection was followed by a copious ejection of fæces, and the poor animal was cured. I think some of your readers will be interested in the equine dose. I feel sure that the opium saved my horse, and that I owe my own life also to that drug.

Yours, etc., MEDICUS.

THE many friends and acquaintances of Dr. S. B. Munn, of Waterbury, Conn., will be pleased to learn that he has so far recovered from his recent indisposition as to be able to resume practice. We have the promise of a paper from his pen ere long.

HEREAFTER the JOURNAL will appear on or about the fifth of the month. Articles and communications of every nature, intended for it, should reach us by the twenty-fifth, at the latest, to insure insertion in the next issue.

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ORIGINAL COMMUNICATIONS.

ZYMOSIS. (Continued.)

BY G. HERMANN MERKEL, M. D.

Postulates.—In order that no misunderstanding may exist in regard to facts or deductions, we will present our postulates in as simple a form as possible, as follows :

1. That every change in the human organism from its normal condition of healthful harmonious action to a derangement, perversion or suspension of functional activity, is caused by the presence of *materies morbi* in the blood, fluids and tissues of the body, in a state of ferment.

2. That the *materies morbi* is simply a collection of disorganized tissue, fluids and solids of the body which have undergone certain chemical changes; floating matters of an inorganic, organic or gaseous character taken from the atmosphere and introduced into the body by the absorbents, and the refuse or exhausted material which should have been removed by the excretory organs, in condition of putrefaction or morbid change.

3. That *Zymosis* or Fermentation is the necessary process and outcome of destructive change in organic substances; and that it also by a natural law of production, originates, creates and brings into active existence within the bodily structure certain minute animal and vegetable parasitic organisms, each of which possesses certain distinctive elements and characteristics analagous to specific affections or maladies and capable of producing them.

In other words the essential element of disease is *fermentation*; the certain and natural product of which is the appearing of

these minute animal and vegetable parasites. These are the vehicles or carriers of certain specific poisons, and produce disease in other organisms similar to that by which they were themselves originated. This process in all its minutiae, takes place in every instance of physical derangement. The combination of the fermentative and putrefactive condition with the condition of animal or vegetable parasites, is the real origin of the "Disease-Germ," or peculiar susceptibility to specified disease.

Dr. Bigelow's Opinion.—At the meeting of the Harvard Medical School, June 9th, 1882, on the occasion of the retirement of Dr. Henry J. Bigelow from the Professorship of Surgery, which he had occupied for thirty-three years, that gentleman addressed those present upon the progress of medical science. "Perhaps," said he, "the most important medical subject of the day is the question of how far certain minute organisms floating in the air cause disease and interfere with healthy processes. Pasteur is the great apostle on this subject."

Microscopic Fungi in Parasitic Diseases of the Skin.—We propose now to indicate the intimate connection which exists between these organisms and the various disorders of the skin and blood. The parasites in cutaneous disease are either fungi or algæ, and consist of simple sporules, germs or cells arranged in rows or groups, so minute in dimension as to require the microscope in order to obtain a view of them. Fungi are the most numerous in genera and species, and their growth is associated with serious detriment both to animal and vegetable life. It is not easy to determine, however, whether they are the actual cause of disease, or whether the diseased substance has merely afforded a *nidus* for their development. This is certain; that wherever the normal processes of nutrition have been impaired and the incessant changes between solids and fluids retarded, the cryptogamic parasites will appear, if the affected parts anywhere furnish them a proper soil. This is generally constituted of epithelium, cuticle, acid mucous, or morbid exudation. Acidity is most highly favorable to their growth. It is not indispensable, however. Some of the parasites are found where it does not exist, as in ulcerations of the trachea and in fluid in the ventricles of the brain.

Certain atmospheric conditions are favorable to their production. *Tinea tonsurans*, for example, will be absent for years, from its usual habitats, the almshouses and asylums, and then for a period of months every second or third child will be infected.

That parasitic diseases may be transmitted by contagion from animals to human beings, and from human beings to domestic animals, has been shown conclusively by the observations and

experiments of Devergie, Von Barenprung and others. Dr. Fox mentions a white cat that contracted mange from *Tinea tonsurans* which affected the children of the family to which the animal belonged. The fungus of the disease in the cat was like that present in ring-worm of the scalp, *Tricophyton*.

The principal vegetable parasites associated with disorders of the skin and mucous membranes are as follows :

1. *Tricophyton tonsurans*, present in T., circinatus, Tinea or Herpes, T., tonsurans, and T., sycosismenti.

2. *Tricophyton sporuloides*, present with the T., tonsurans in Plica Polonica.

3. *Achorion Schoenleinii*, and *Puccinia fair* present in Tinea farosi or Favus, Porrigo scutulata or honeycomb, and Trichomycoris.

4. *Microsporon mentagrophyta*, present in mentagra.

5. *Microsporon furfur*, occurring in Pityriasis versicolor.

6. *Microsporon Andoninii*, present in Porrigo decalvans.

7. *Mycetonia*, or *Chionyphe Cartesii* giving rise to the disease known as the "fungous foot of India."

8. *Oidium albicans*, originating Diphtheria and aphtha.

9. *Cryptococcus cerevisiæ*, or Yeast Plant, occurring in the urine and contents of the stomach, in cases of saccharine fermentation.

10. *Sarcina Coodserii*, or *Merispædia ventriculi*, found in vomited matters and in urine.

Favus.—The favus or miliary scab appears in an indefinite variety of forms, exhibiting the genuine peculiarities of *Oidium* as found in vines. The principal are *favus dispereus*, *favus confectus*, *porrigo favosa*, *porrigo scutulata*, *porrigo lupinosa*, *porrigo phyte*, etc. This fungus forms its spores with its narrow-branched mycelium, in and under the epidermis, all over the body and even under the nails, where it causes Onychimycoria. At the beginning, the fungi lodge around the fibre of the hair, from which they extend to the upper layer of the epidermis, and thence downward to the hair follicles, where they interlace their threads of mycelium with the fibres of hair pressing these into close groups and cutting off communication with the sebaceous follicles. The morbid secretion now takes its ulcerous form, and the favose fragments appear as a dry scaly sheath with a concentric ring around the disk; the upper side concave and the other convex. When the scabs are saturated with water, they are converted into a soft, pulpy mass; and when examined by the aid of a microscope will be found to contain epidermic cells, micrococci, bacteria, and numerous varieties of the *acharion schoenleinii*.

The vegetable nature of these parasites was first declared by

Schoenlein ; but Reinak demonstrated their character and special relation to favus ; Bassi-Audouin subsequently made an analysis of their physiological structure and growth ; and Gruby and Weld after close and careful investigation, discovered their presence and manner of operation in the hair-fibre itself.

Notwithstanding the abundant evidence of the agency of these fungi in the producing of favus, there still exists an astonishing amount of skepticism on the subject. Many medical men deny their existence unqualifiedly. Others, like Cazenave, believe that they appear only at a mature stage of the eruption as a constituent of its greasy substance ; while Devergie regards their presence as entirely accidental. Those who acknowledge the actual existence of a special fungus for favus are also divided in regard to the genera and species. Robin denominates it *achorion* ; Schoenlein classes it under *oidium* ; Hallier and Kersten trace its development from *achorion* into the mould-form, *penicilium glaucum* ; Hoffman names it *mucor* ; and Lowe asserts that it is a species of *aspergillus*, a race of parasites usually found in the meatus auditorius externus. Finally, Hebra, Hutchinson, Bick and others declare that "all parasitic diseases of the skin are produced from one form of fungus ;" while Baerensprung, Strube, Koebner, Peyritsch, and others ascribe a specific fungus to every distinct form of cutaneous disorder—a declaration which common sense, scientific observation and accuracy fully sustain.

Tricophyton Tonsurans.—The spores of the fungus, *tricophyton tonsurans*, are transparent and about half the size of the average red blood-corpuscle. Some of them exhibit a spot in the centre, which is the nucleus or daughter-spore. They are arranged into moniliform, single or joint-like branched filaments ; and have their seat exclusively in the inner part of the root of the hair, interlacing with or ramifying into the hair-capillaries.

Another form of the same fungus is found in the *alopecia*, or falling of the hair, sometimes denominated *phizo-alopecia*, and *phyto-alopecia*.

Granby distinguishes herpes tonsurans from tinea or porrigo by the following peculiarities : In herpes the thallus-like threads and sporidia surround the hair after the manner of a sheath, dividing the hair-cyst and extending under the upper epidermis. In the second species the sporidium is developed at the foot of the hair only, and extends thence into the marrowy substance which it often fills entirely.

Malmstein was the discoverer of tricophytes in the hair. He and Hellies class them as tornlæ, and even profess to trace the chain-form of the several species of *oidium*, *aspergillus*, and

penicilium to an origin identical with that of the forms of tricothesium and penicilium.

Hebra identifies the tricophyton tonsurans with the favous fungi. The species which produces onychomycosis of the nails closely resembles the trycophyton. A microscopic examination of fine sections of the affected nail, after immersion in a solution of potassa, show round cells and chains with bulbous terminations branching into their threads which bear the gonidiæ.

Microsporon Purpur.—In pityriasis versicolor, the originating fungus is denominated *microsporon purpur*. It exists chiefly in the terminal channels of the hair-sac, and in the epidermis of the breast, abdomen and extremities. If the scales of cuticle are treated with a solution of potassa, innumerable goniadiæ may be seen with the microscope grouped in clusters between the epidermic cells, from which there issues a profusion of fine, short and curved threads of fungus. Eichstedt considers this fungus as being only a variation of the achorion-form of the aspergillus.

Microsporon Montagraphytes.—Mentagra, or pityriasis menti is the product of the fungus known as *microsporon montagraphytes*. This parasite does not enter the hair-follicle nor pass over it, but the spores lie on its sheath-like covering at the root of the hair. There are likewise numerous finely granulated filaments always present, which, when subjected to a certain temperature, as in local or general feverish conditions, differentiate into fork-shaped ramifications.

In eczema marginatum, there appear gonidiæ of both the round and elliptical form upon the surface of the epidermis. They are in groups, forming chains, thickened, ramifying and raised up; and always more or less involved with a hard mycelium which readily and rapidly passes by cultivation into penicilium glaucum.

Fungi Existing in Secretions and Excreta.—The parasitic organisms existing in the various secretions of the body have been variously assigned as algæ and fungi, although many of them are so low in the scale as almost to belong to the denomination of unformed matter. More recent mycological investigations have led to the classifying of them under the general head of FUNGI.

Cryptococci are found singly in round and oval forms. When they appear in groups, they are linked together in chain-form. They turn rapidly under favorable conditions, and are found in diabetic urine, vomited substances, the excrement of infants, and in acute infectious disease, like cholera, typhus, etc. They are also encountered in the sordes around the teeth, and in the furry coating of the tongue in fever, but are of no pathological importance in either instance.

The *Merismopædia*, or *Sarcina ventriculi*, usually appear in square patches containing from four to sixty-four nucleated cells. They are often found in the vomited matter of patients suffering from various disorders; but have not been suitably classified to enable us to assign them to any special type of disease.

The *Leptothrices* consist of fine thread-like fungi, transversely placed, frequently arch-like, and with curved filaments. Myriads of gonidiæ float independently in the mucus. They are the chief element in sordes of the teeth, fauces, and tongue. Vibriones also appear in those parts, but are of no pathological importance. In hay fever, influenza, catarrh and dysentery, they play a prominent part and exert an important influence on the surface of the mucous membrane.

Table of Diseases and the Parasites incident to each.—The question of relationship between diseases and the various classes of fungi, is, however, in a very great degree still undermined. We append below a catalogue in tabular form of such disorders and the species peculiar to each, so far as may be considered as well ascertained:

<i>Designations of Diseases.</i>			<i>Names of Parasites.</i>
			ENTOZOA.
Affections of the Liver.			Acephalocystis endogena.
“	“	Brain.	“ multifida.
Diseases of the Intestines.			Anchylostoma, or Sclerostoma duodenale.
“	“	“	Anthomagia canicularis.
“	“	“	Ascaris alata.
“	“	“	“ lumbricoides.
“	“	“	“ mystax.
“	“	“	Bothriocephalus cordatus.
“	“	“	“ latus.
“	“	“	Cysticercus tennicollis.
“	“	“	Distoma heterophyes.
“	“	“	Ditrachyceras rudus.
“	“	“	Oestrus hominis.
“	“	“	Oxyuris vermicularis.
“	“	“	Tænia acanthrotrias.
“	“	“	“ elliptica.
“	“	“	“ flavapuncta.
“	“	“	“ lophosoma.
“	“	“	“ medicanellata.
“	“	“	Tricocephalus dispar.
“	and Liver.		Pentastoma constrictum.
“	“	“	“ denticulatum.

Diseases of the Intestines.

“ “ “
 “ and Kidneys.
 “ “ “
 “ Liver, Spleen and
 Omentum.
 “ Portal and Nervous
 System.
 “ Venous System.
 “ “ “
 “ Muscles.
 “ “ “
 “ Urinary Bladder.
 “ “ “
 “ “ “
 “ Duodenum.
 “ Gall-Bladder.
 “ Hepatic Duct.
 “ Capsule of Crystal-
 line Lens.
 “ Bronchial Glands.
 “ “ Tubes.
 “ Skin and Aveolar
 Tissues.
 “ Crystalline Lens.
 “ Eye.
 “ Ovary.
 “ “

Tænia nana.
 “ solium.
 Tetrastoma renale.
 Ascaris renalis.
 Echinococcus hominis.
 Bilhargia distoma hæmatobia.
 Hexathrydium venarum.
 Polystoma sangincola venarum.
 Cystocercus cellulosus.
 Trichina spiralis.
 Dactylius aculeatus.
 Diplosoma crenatus.
 Spiroptera hominis.
 Distomum crassum.
 Fasciola hepatica.
 Distoma lanceolatum.
 “ oculi humani ophthal-
 mobium.
 Filaria bronchialis seu trachealis.
 Eustrongylus bronchialis.
 Filaria dracunculus medinensis.
 Monostoma leutis.
 Filaria oculi seu leutis.
 Hexathrydium pinguicola.
 Polystoma pinguicola.

ECTOZOA.

Diseases of Sebaceous Substance
 of Cutaneous Follicles.

Diseases of Pithiriasis.

“ “
 “ “
 “ “
 “ “

Pediculus capitis.

“ corporis vestimentum.
 “ palpebarum.
 “ pubis.
 “ pubescentium.

Skin and Cellular Tissue.
 Itch.

Pulex penetraus.
 Sarcoptes seu acarus scabiei.

ENTOPHYTA AND EPIPHYTA.

Tinea Tonsurans.

“ Favosa.
 “ “
 “ Decalvaus.
 “ Versicolor.
 “ Polonica.

Achorion Lebertii (trichophyton
 tonsurans).
 Achorion Schoenleinii.
 Puccinea favi.
 Microsporon Andomini.
 “ purpur.
 Trichophyton sporuloides.

Diseases of deep tissues, bones of hands and feet.	Cheonyphe Carterii (fungus of mycetomia).
“ of follicles of hair, syocsis or mentagra.	Microsporon mentagrophytes.
“ of mucous and cutaneous surfaces of the mouth.	Leptothrix buccalis (alga).
“ “ “ “	Oidium albican.
“ Stomach.	Sarcina ventriculi.
“ “ Bladder, etc.	Tornla cerevisia (yeast plant).

Parasites in their Relations to Infectious Diseases.—The microscope surprised the learned teachers of toxicology and practitioners of medicine by the revelation that cutaneous affections were produced by vegetable and animal organisms of a low type. It also gave plausibility to the proposition that contagious and other diseases were originated in a similar manner. Many egregious errors were committed in consequence. Fortunately, however, scientific research was also quickened, and M. Pasteur seems already to have evoked order out of the chaos of empty presumption. He has shown the analogy more clearly which exists between the action of the zymotic or fermentative principle in infectious and other diseases, and that of these parasitic organisms, and given us the earnest of a speedy resolving of our most serious difficulties.

One fact is now established beyond doubt as a fundamental law in Nature. *These fungous organisms are the natural outgrowth of fermentation.* In all diseases of the skin and blood, and in infectious and malarial diseases, fermentation must take place before the disease-germ can be produced. Every malady or physical derangement has its own specific poison or virus, which will impart that virus only, and no other—not even a modification.

The proposition of zymotic influence from parasitic fungi, as the promoters, carriers or products of disease, is now very generally accepted. Hallier has shown that the fungus, *sporangium*, is always present in the evacuations of cholera patients, and is indigenous in the disorder. In like manner there is evidence also, both internal and external, that diphtheria, typhus, intermittent, variola, scarlatina, measles, typhoid fever, etc., have each their special “familiar spirit,” or favorite fungous parasite. Puerperal fever is now acknowledged to have its own bacteria, and vibriones are its chief promoters. Specific fungi are found in pus and ichor, which are unmistakably the originators of many fevers and constitutional diseases.

We are cordially supported in this declaration by Birch-Hirschfield, Bergmann, Bollinger, Cohn, Czerny, Ebert, Hueter, Klebs, Letoerich, Nedswecki, Oertel, Popoff, Recklinghausen,

Senter, Salisbury, Tiegel, Traube, Vogl, Weigert, Waldeyer, Zahn, and many others. Nevertheless there are likewise many eminent scientists and practitioners arrayed on the other side. The point to be decided, therefore, is simply this: Can these low organisms be actual creators of disease, as in the parasitical diseases of the skin? Or, are they simply a result and development of certain conditions in secretion and excretion? In our judgement both propositions are equally true. These fungi are both the creators and the consequence of a morbid condition of the fluids and solids of the body. This will be made abundantly clear in the near future when illustrated by the light of diligent clinical observation.

[TO BE CONTINUED.]

AN OBSCURE INTESTINAL DISORDER.

BY DAVID WARK, M. D., NEW YORK CITY.

As I have no accurate knowledge of the pathology of the disorder, that I desire to bring to the notice of the readers of the JOURNAL, on which to base a proper nomenclature, I have selected the above title for this article. As it is readily amenable to treatment, I am not aware that any opportunity has presented itself to ascertain the pathological changes accompanying the disorder. I think, however, I am not far from the truth in stating that it consists of a peculiar inflammation of the mucous membrane lining the large intestine. Although it is by no means rare, and occurs with about an equal degree of frequency in both sexes, no mention of it is to be found in any of the systematic works on the practice of medicine with which I am acquainted. In order to bring this somewhat curious affection as clearly as possible before the minds of those readers who may still be unacquainted with it, and to furnish data on which they may base their own conclusions, with regard to its pathology, I submit sketches of three cases that have occurred from time to time in my own practice:

Case I. When Mr. B——, a young man about twenty-five years of age, presented himself for treatment, he stated that he had lost flesh slowly but steadily for the preceding two years, and he then presented the appearance of being imperfectly nourished. He suffered severely from a sense of faintness at

the epigastrium, which was relieved only for a very short time by taking food; but the difficulty always returned with unabated intensity long before genuine hunger could be developed by the completion of gastric digestion. There was no other symptom of indigestion present. Deep pressure showed that acute tenderness existed over the whole abdomen. Pains of a griping character, such as those which herald the onset of diarrhœa were rarely absent, but his bowels were never loose. His dejections were usually of a normal consistence and appearance, with the exception that they were always mixed with more or less jelly-like matter; and every two or three days he passed a stool consisting of from four to six ounces of a substance resembling in every respect semi-transparent calves' foot jelly of a faint amber tint. When his stools were largely fecal they were passed without pain, but the jelly-like dejections were accompanied by very painful and prolonged tenesmus with general prostration. He passed wretched nights, his sleep being broken by horrible dreams. During the daytime he was irritable and hypochondriacal, believing himself to be suffering from various imaginary disorders. He deserted his young wife, being convinced he was impotent, although there were no just grounds for such an opinion. Nervous affections of an apparently complicated character frequently attended the disorder in question.

Case II. About two years ago a gentleman came under my care for the treatment of internal hemorrhoids. For some months his health had been in so critical a condition that his friends looked for his death in the near future. The piles readily yielded to the injection of carbolic acid in the usual way. Before their removal I thought his cachectic aspect was due altogether to the copious losses of blood occurring at every stool, this was an error. Although his general condition was better after the hemorrhages ceased his health was far from being satisfactory. On subjecting him to closer examination I discovered that a considerable proportions of every dejection was composed of the jelly-like matter. Deep pressure elicited no pain in any part of the abdomen, although this symptom is rarely absent in such cases. He was not constipated and his digestion was good. After his case was fully understood the treatment hereafter described, to

which the disease under consideration uniformly yields, had the effect of restoring him to excellent health.

Case III. A western man, about 45 years of age, when in New York on business employed me to treat him for what he believed to be very obstinate constipation. He stated that his bowels had never moved for the past two years without some of the laxative mineral waters. Although he was naturally a very powerful man his capacity for enduring physical exertion had lately diminished notably. His appetite and digestion were tolerably good and he presented none of the nervous disorder usually observed. Acute tenderness could be detected by pressure along the descending colon. I strongly suspected that the disorder under consideration was the cause of all his physical difficulties. I accordingly directed him to preserve a stool for examination, he did so, and it happened to be composed largely of fecal matter, but enough of the jelly-like matter was mixed with the feces to indicate clearly the nature of the difficulty.

I then placed him under the usual treatment and secured results in one month of an entirely satisfactory character.

The foregoing cases serve to indicate the group of symptoms usually observed, the leading and in fact pathognomonic symptom being the peculiar condition of the fecal discharges. When this disorder is accompanied and its true character obscured by a mild diarrhœa astringents are commonly prescribed; but when constipation has long been the habit the patient has usually obtained temporary relief from cathartics. The first step toward a cure is to abandon at once and completely both classes of remedies.

Counter irritation in the shape of mustard plasters, turpentine stupes or hot fomentations are signally efficacious in removing more or less completely the abdominal pains so often observed in this disorder, but I do not think they do much toward effecting a cure. Yellow pine tar is the remedy *par excellence*. In those cases in which diarrhœa is a prominent symptom it acts as a most effective astringent, promptly checking the discharges; and if constipation be present tar restores the feces to a perfectly normal consistence and promotes daily and copious evacuations. The remedy is to be preferably administered in pills. I make the tar

into a mass of the proper consistence with a suitable quantity of wheat flour and divide it into pills of three or four grains each; of these two pills are to be given three times a day, one hour after meals. In moderate cases little restriction in diet is demanded. It is better however to forbid the patient using salted meats, fish and pickles; in very severe cases a milk diet during the first week of treatment will be productive of good.

18 EAST THIRTEENTH STREET.

CONFIDENCE IN THE CURATIVE ACTION OF MEDICINE.

BY C. E. MILES, M. D.

THAT a rational confidence in the curative action of medicines is essential in the successful medical practitioner, is a proposition that can not be controverted.

A prominent member of the Massachusetts Medical Society, who has some knowledge of the remedies and therapeutics that makes eclecticism distinctive as a school of medicine, and who is laudably seeking for more light in that direction, recently remarked to a friend—"The great thing that gives success to the eclectic practitioners is, they believe in giving medicine to cure disease."

There is no doubt that the doctor was largely correct in his assertion. As a body, eclectic physicians have confidence in their medicines, and make use of them with the expectation that they will cure disease. The pioneers in that practice were familiar with but few medicines; but these they prescribed faithfully and boldly, and with an astonishing success. What is true of them as regards their confidence in medicine, has been true of the representative practitioners of that school in its entire history.

Nor are the movements in the eclectic school today in any way tending toward a lessening of confidence in the curative action of medicine. Indeed, the practice of specific medication for the cure of disease, so largely taught at present in our school, is based on the theory that given medicines do, at all times, under similar conditions, have a like action in the system, and on that principle, if curative once will be curative again, and always. That proposition being well founded, a certainty will be estab-

lished as to the action of certain drugs and their utility in alleviating human diseases that shall make the practice of medicine approach the exact sciences.

The period when such positivism in medicine shall be fully realized has not arrived; but compared with the general uncertainty half a century since as to the action of medicines, enormous strides toward exactness have already been made; and he has hardly been a careful student and an observant practitioner of medicine during the last decade who has not come to understand these facts. And the conclusion forces itself on one that he who grows old in practice with a waning confidence in the curative effect of medicine must have been guided in his work by a blind empiricism or the routine methods of the remoter ages.

Certainly he who enters and pursues the practice of medicine without a well founded confidence in the utility of the agents he prescribes, surrenders himself to follow a life of deception; is hampered in all his efforts; and shorn of every element that gives courage and enthusiasm in its pursuit.

That an unwarranted confidence in the curative action of medicine may obtain, is true enough; and too much must not be assumed for its power. So, too, the occult conditions that exist in the pathological state must not be overlooked, else we condemn the means used when the fault lies in prescribing unindicated medicines. Berating remedies may blind the patient, but will never excuse a wrong diagnosis nor an incorrect prescription. And he who prescribes for his patient with little or no confidence that medicine is effectual in the cure of disease, is sure to become careless in his method of diagnosis and reckless in prescribing, and whether he be eclectic, homœopath, or allopath, can never become a true devotee of the healing art.

126 WARREN STREET, BOSTON HIGHLANDS.

[As bearing upon the same subject, we would call attention to the remarks of Dr. Fothergill, of London, which will be found on another page.—*Ed.*]

A CASE IN PRACTICE.

BY E. E. SPENCER, M. D., CAMBRIDGE, MASS.

MORE than twenty years since, I was called one winter morning to see a child some five years of age, who had been taken sud-

denly sick the previous night. On my arrival (after a drive of several miles) at about seven o'clock, I found my patient with a most distressed countenance, pulse very rapid, tongue red with a white coating, great thirst, and a desire to eat anything offered it, belching of wind which was continuous, with vomiting and retching immediatly following the taking of any substance upon the stomach. The desire to eat and drink, however, was like that in one suffering the pangs of starvation. The pleading little face, the outstretched hand for the piece of cracker which it ate with avidity, the clutch at the cup of cold water which it drank immediately after, rejecting both in a moment with immense eructations of gas, to lie down and die in a moment are as fresh in mind as if but yesterday.

Soon after my arrival I stated to the family that I was alarmed and mystified at the condition of my patient, and asked that others be called. Within an hour one, eminent in the profession, was at the bedside of the sick. Soon, the scene closed. The opinion was, a congested stomach, no time for a thorough diagnosis. To all appearance the child had been well, until it awoke vomiting, about three o'clock that morning. In less than six hours pain ceased, rest came. Physicians wholly at a loss to account for the sudden ending of their little patient's life! Parents and family paralyzed with grief! Was there no way to account for this sudden death? Perhaps, one, a post mortem, which after strenuous efforts on the part of myself and professional friend, was granted, and performed twenty-eight hours after death.

On the posterior portion of the left lung was a large abscess, about two inches in diameter, filled with pus. The stomach showed along the course of the pneumogastric nerve, a darkened, congested appearance. All other portions of the body were perfectly healthy. The lobe of the lung in which the abscess was situated did not suffer far beyond the accumulated matter.

Had there not been the autopsy, what a number of opinions there would be as to the cause of death; what should have been done, and how the patient could have been saved. How wise we are when the possibilities of disproving our pretended knowledge are six feet under ground!

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.
(AMERICAN AND FOREIGN.)

*BOSTON DISTRICT ECLECTIC MEDICAL
SOCIETY.*

STATED meeting October 10th. Dr. E. E. Spencer, president pro tem, in the chair. Dr. Bailey presented a paper upon the etiology of disease. He referred to the etymology of the term and the vast importance the subject of right occupies in medical science. Knowledge of the causes of disease is highly important, he said, in a practical view, as the basis of prophylaxis, or the prevention of disease. It is obvious that in proportion as we are able to trace diseases to their sources, we may expect to extinguish causes or obviate their morbid influence. Knowledge of causes is also important as entering into the management of diseases; for it not unfrequently happens that causes continue to be operative after disease has been produced, and their removal is of course a prime object in order to effect a cure. Modern researches have developed much information, and greatly extended our knowledge of etiology, and the means whereby many diseases may be prevented, but there yet remains a wide field, he thought, for further development. He evidently was not an advocate of the "expectant" method of treatment, believing, we understood him, that while it may sometimes be necessary to treat symptoms in the absence of anything more definite, the attempt should always be made to ferret out the lesion upon which these symptoms depend; to establish the connection between the symptoms and that which stands in a causative relation to them, and remove it; to connect cause and effect, as the only method, he thought, whereby success, especially in treating chronic difficulties, might be attained. No doubt this often entailed much difficulty, sometimes was impossible, but some simple and apparently insignificant fact drawn from the patient's past history would often afford a solution of the difficulty. Interesting cases drawn from the essayist's note book, were related as illustrating the case in point, and must have impressed everyone who listened to them with the necessity of eliciting the ultimate facts in every obscure case.

DR. MILES gave the details of a most interesting case of attacks of intense abdominal pain, in a young lady of sixteen, recurring at intervals of from two to six weeks. No tympanites nor tenderness on pressure existed, though the integument covering the abdomen was somewhat hyperesthetic. The case had awakened no little interest, as it had passed through the hands

of several of Boston's most eminent physicians, both allopathic and homœopathic, being in every case treated without any success worth mentioning. There was a slight, very slight, tendency to curvature in the lower dorsal region, and one of the most celebrated orthopedic surgeons gave it as his firm conviction, that while it was not common for so slight a curvature to give rise to such intense pain and pronounced symptoms, still they were in that case undoubtedly due to it, and on the application of a Sayer's jacket, two months elapsed without a return of the painful paroxysms, thereby seeming to confirm his diagnosis and endorse the treatment. After the expiration of that time, however, they returned with increased frequency and violence. Her case was then referred to another physician of distinction, who, hearing the facts detailed said, "why, it is as plain as the nose on your face; she is suffering from lead poisoning;" and he prescribed. What the remedy was, Dr. Miles was unable to say, but its use was followed by a subsidence of the attacks, and she had since been entirely exempt, though she had suffered from them, if we understood correctly, for about two years. No opinion could be formed as to the mode in which the lead—if it was lead—gained admission into the system. Though the happiest results followed the administration of the remedy, given on the supposition that lead existed, still in the absence of the line at the junction of the gums and teeth, and other common symptoms; and in the absence of knowledge as to the remedy given, the evidence that the case was one of *colica pictonum* is not to us conclusive, though it seems highly probable. No doubt a remedy given often relieves one morbid condition, and thus effects a cure, when another was diagnosed and supposed to exist. Medicine is far from being an exact science. The case, as related, was of great interest to us, and we could not fail to observe as commendable, that though Dr. M—— had much abbreviated the painful paroxysms by the use of morphia hypodermically, and sustained the patient, and rendered her more comfortable by nutrient enemata, vomiting and great prostration being marked features, he frankly admitted that he had failed to grasp the true nature of the case—supposing it to be lead. As a rule, our successes are more apt to be recorded than our failures, though the latter may be the more instructive. The facts in full, so far as they can be ascertained, were requested for publication.

DR. GREEN alluded to typhoid fever which prevailed to a somewhat unusual extent in his district this season. He thought the subject a seasonable one, and referred to an unusually severe case, which he had just dismissed from care, which had presented some of the less common symptoms, and in which he believed

the patient had only been saved by a vigorous use of supporting measures, quinine, stimulants and coca, freely given. While the case had proven a long one, and the temperature much of the time was about 106° , the pulse had never gone above 75 to 80 until the temperature declined and convalescence was declared. He had given the quinine in moderate or full doses, as seemed to be needed, for its tonic sustaining effect, rather than for any specific effect or control of the fever it was supposed to exert. He thought the idea, which originated with the Germans, he believed, that quinine in enormous doses, 50 to 60 grains, exerted a controlling and almost specific effect over the fever, was an exploded one. He had recently read with great interest a report of cases treated in London by the three methods—quinine in drachm doses; cold baths without other treatment; and quinine in tonic doses combined with general sustaining measures and tepid sponge bathing. Of the three, the last method seemed to give by far the best results. Dr. Newton inquired in what doses the speaker had prescribed it, and also concerning the coca. We understood him that the plan pursued by Dr. Green—stimulants, coca—milk and beef tea, and from 8 to 16 grs. of quinine in the twenty-four hours, as seemed needed, met with his approval. He had not met, either this season nor for a year or two past, as much typhoid as of former years, evidence he thought, that the sanitary measures instituted had not been without effect. He had seen an increasing number of cases, remittent in character, and inclined to the belief that there was a decided tendency toward diseases marked by periodicity.

DR. MILES referred to a case treated by him some years since in which the patient was desperately ill, and after he was to all appearances perfectly recovered, had resumed his usual occupation—a milk peddler—and declared that he never felt better, he presented the, to Dr. Miles, unusual symptom of a pulse that remained at 120 to 130 per minute. Nor did it ever descend below that point during the two years during which he was under observation. No evidence of any cardiac mischief existed.

DR. JACKSON was inclined to regard with favor full doses of quinine in typhoid, certainly in some cases. He cited the case of a young lady in which the febrile action was most intense, and in which the active symptoms extended over a period of six weeks without any abatement. Delirium maniacal in character was present, and the case presented an almost hopeless aspect. He administered forty-five grains of quinine and very soon thereafter the patient fell into a natural sleep, continuing the greater part of the night and seemed every way better next day. Toward the close of the day, however, there was a return of the aggra-

vated symptoms of the preceding day, and again the quinine was given, to be again followed by sleep and a general improvement of all the symptoms, and a speedy convalescence.

DR. REID thought there was no disease which was attended with a greater variety of symptoms, or presented more frequent and greater departures from the typical character, than the one under consideration. In regard to the disparity between the pulse and temperature, Dr. Murchison had reported a case in which with a marked fever the pulse fell to 37. Delirium in all acute diseases, such as the one under consideration, was an evidence of increasing weakness and failure of the vital forces, and an imperative call for supporting measures—stimulants and food—and might this not be regarded as a reasonable explanation of the quieting effect of large doses of quinine as related by Dr. Jackson, giving tone and vigor temporarily to the system? In his opinion, all the benefit, generally speaking, from quinine, might be obtained from medium doses, using it as a part of a treatment aiming to tide the patient over unto the time when the active symptoms shall have receded. To this he noted one exception; toward the close of the fever, when the temperature made long sweeps, down nearly to normal in the early morning hours and running up in the evening to nearly as high a point as it had at any time attained, quinine in full doses would then speedily knock it down and convalescence would be ushered in.

The discussion then became desultory, and adjournment was moved.

NEW YORK ECLECTIC MEDICAL SOCIETY.

REPORTED FOR THE JOURNAL BY ALEXANDER WILDER, M. D.

THE Eclectic Medical Society of the State of New York, met at Cooper Institute, New York, on Wednesday, October 18, 1882. Dr. Henry S. Firth, of Brooklyn, the president, called the meeting to order. The morning was devoted to the receiving of new members, from auxiliary societies. These societies made an indifferent showing. Out of thirteen, two had held no meetings for some years past; and a third was in a disorganized condition. Several societies had defaulted in their quota for printing Vol. XIII. of *Transactions*.

The afternoon was principally employed in revising, or rather reading, the action of the Annual Meeting of 1881, in regard to the disfellowshipping of the Eclectic Medical College. That institution had contemptuously disregarded the Executive Committee, but had procured a majority at the meeting of this year. Little regard was paid to legal forms, or parliamentary regular-

ity, and the whole proceedings of 1881 was set aside by a large majority. The County Society which had been declared defunct was also acknowledged.

A resolution was adopted unanimously directing the secretary to include in the next published volume of *Transactions*, the paper of Professor Esmarch, in relation to the surgical treatment of President Garfield; also denouncing the incarceration of Mr. James B. Silkman, in the State Lunatic Asylum, at Utica. He had been sent thither at the behest of his own son, by the certificates of two physicians, who had never given him any proper examination. He was the subject of much ill-treatment; and when brought before Judge Barnard on a writ of habeas corpus, that gentleman declared that he was perfectly sane and had always been so. It appears that every person placed in the asylum is made to take chloral hydrate. This is repeated long enough to render him *hors du combat*.

The evening session was devoted to papers and addresses. The President, Drs. Smith, Green, Kingett and Wilder all spoke. Dr. Milbrey Green, of Boston, was elected to honorary membership; having been duly nominated in 1881.

Medical discussions and reports of cases occupied the morning of the second day. Dr. Wilder reported a case of blindness relieved by extract of *Cereus Bonplandii*, prepared by Dr. R. E. Kunze; Dr. Congreve, of Dutchess County, spoke of diseases incident to that region, especially a peculiar kind of fever of the "malarial" character. Dr. Gridley, Dr. Harris, and others also spoke.

A resolution of testimonial to Dr. R. E. Kunze was adopted, for his labors and contributions in medical botany, and expressing the hope that the results would be perpetuated in our literature.

The following officers were elected for the ensuing year: President, Reuben H. Owen, M. D., of Haverstraw; Vice-President, Benjamin J. Stow, M. D., of Brooklyn; Secretary, J. E. Danelson, M. D., Box 388, Buffalo; Treasurer, Samuel Tuthill, M. D., of Poughkeepsie. The next annual meeting will be held at Syracuse, the third Wednesday and Thursday in October, 1883. Fifteen delegates were appointed to the National Eclectic Medical Association.

SELECTIONS.

HYGIENE OF THE SEXUAL FUNCTION.

DR. CHAS. FAYETTE TAYLOR, of New York, in the *American Journal of Obstetrics*, January, 1882, discusses this subject in

an able manner. After a consideration of the effects of civilization on woman—her efforts stimulated and her ambitions excited, yet her opportunities restricted—he then proceeds very fully to treat of the sexual function and sexual desire in the female, which Dr. Taylor considers far greater than is usually represented. Indeed, he deems these more exalted in the female than the male; usually masked by social requirements, but often in existence unappreciated by the woman herself. He concludes his paper as follows, which is the practical hygienic feature, and which we commend to our readers for its importance.

Says Dr. Taylor: "I have already said enough to arrive at the conclusion that the sexual function cannot be ignored. It is not a matter of indifference whether a woman lives a single or married life. On the contrary, as many women cannot marry, and others ought not to marry, how women can live in health and comfort, while avoiding the pains and perils of married life, is a matter of deep concern, and should engage the earnest thought of all who are interested in the well-being of the race. That the normal condition of a woman is to be married and be the mother of children, there can be no doubt; also, that she is liable to some nervous strain when her generative organs are not employed. I do not for one moment wish to be understood as believing that an unmarried woman cannot exist in perfect health, for I know she can. But the point is, *she must take pains for it*. She must, in fact, work for it. The sooner women come to know that it is not all, whether they marry or not, the sooner will they adjust themselves to the necessities which Nature places on them. And the first truth to learn is this, that the use of the generative function is a physiological demand. It follows that, when the organs provided for reproduction are not employed, some other demand for the suspended energies, which shall effect a vicarious relief to the unemployed functions, must be established. Accumulated force must find an outlet, or disturbance first, and weakness ultimately results.

"And this outlet we find perfectly effective in well exercised muscles. If an unmarried women desires to escape from the perturbing influence of unused generative organs, she must vigorously use her muscles. There is nothing, in my opinion, which is equal to daily use of the muscles to actual weariness, as an equipoise to the generative demands. And I am confident that a good degree of muscular effort, daily resorted to, will be perfectly effectual in saving married women from a multitude of evils to which their present modes of life subject them. But it must be real muscular action, and not vain excuses for it. And the value of muscular action as a relief to our over-laden nervous

system, implies more interest in practical matters, and the avoidance of much of those æsthetic and emotion producing occupations which seem to be about the only things that civilized women crave. The evil mental influences begin in childhood, in the constant stimulations of the emotions, in society and in domestic life, as well as in most of the methods of education for girls. Let education be more practical, and not carried beyond a girl's physical and mental capacity. And let things be learned for their own sake, and not merely as a means of exciting some emotion. And, above all, let women know more about themselves. * * * In a word, *knowledge* and *labor* are the twin remedies for naturalizing the evils connected with the health of a single woman in civilization, and there is nothing, which rightly known, is not modest, elevating and promotive of virtue. When the day arrives when women shall understand the requirements of all their functions, so that they will know how to adjust themselves to whatever situation in life they may be placed, and, when unmarried women, young or middle aged, shall clearly see that, to be well in body or mind, they must do something, day by day, and every day, that is in the nature of effective bodily effort as a counterpoise to sexual inaction, they will be healthy and strong. Then, and not till then, can it truthfully be said that civilization is not hard on women."—*Cincinnati Obstetric Gazette*.

THE CURE OF CANCER.

It is generally believed that cancer has increased in frequency in the United States. The most humble practitioner meets with it, and is called upon to advise the methods of treatment which gives greatest promise of success. But, how often are all methods found to be of no avail. It is doubtful if those who have studied the disease most carefully are better qualified to treat it with success than are the arrant knaves—cancer doctors—who prey upon the weak and infirm.

The impetus thus given to investigators of the subject, by the prizes offered by distinguished learned societies and wealthy governments, for the discovery of a cure for cancer, has certainly not improved the methods of treatment much beyond what they were in the dark ages. The cancer doctor, usually a man ignorant of the commonest principles of physiology, flourishes in almost every community, and grows rich on that which the knowledge of the doctor of medicine forbids his assuming.

For convenience of study and getting a chance to look certain facts squarely in the face, the treatment of cancer may be

arranged in two classes: one class the treatment pursued by qualified medical men, and the other treatment in vogue with quacks. The first class may be sub-divided: *a*, representing those hair-splitting diagnosticians who first ascertained that a given case is cancer, and then advise its immediate and thorough removal with the knife; *b*, representing the wiser and less numerous practitioners—the Englishman, Jonathan Hutchinson, for example—who remove immediately and with the knife every sore which has the least taint of suspicion of cancer in its history or character. These gentlemen believe the diagnosis of cancer at a time when treatment is likely to be of any use, is a question not fully determined; and knowing that the great majority of knife wounds heal promptly, a source of great annoyance to the patient and probably cancerous infection is thoroughly and forever removed.

Class second, the quacks, may be sub-divided: *a*, representing those human sharks who treat their patients by mail; who pretend to possess some secret remedy which will annihilate the cancer in the blood; and who have no desire to cure the disease, but make their pretensions with one solitary object—to swindle and deceive. The faith which they inspire is of so limited and short duration that the victim seldom or never experiences the slightest palliation of his sufferings; *b*, represents a class who in their blind, ignorant way, examine their cases and pronounce every lump, wart or sore that can be covered by a plaster, cancerous. They use escharotic pastes which destroy the suspected tissues, leaving frightful wounds to heal by granulation under the coaxing influence of sundry poultices.

Each of these latter sub-classes undoubtedly perform cures, but when it comes to a question of which one is likely to do it with least suffering and greatest certainty, the intelligent practitioner cannot long hesitate in deciding. The clean cut, nicely coaptated surfaces hold out the only possibility of union by first intention. But there are a large class of persons, the victims of suspected cancer, who hold themselves in absolute terror of the knife; who, if there was no other remedy in the hands of either quacks or doctors, would postpone surgical interference until the possibility of its being serviceable had passed. These people drift into the hands of quacks, and added to the number that have been dismissed incurable after the knife has failed, swell the number of cancer victims whose only solace is in quackery, to an incredible figure.

In view of the uncertainty of diagnosis, and of the assured fatality of the disease when recognized, would it not be sensible for the practitioner to resort more frequently to the use of escha-

rotic pastes in judiciously selected cases, in order to reach a large number of suspicious cases?

In sponge grafting we have a means of healing quickly the slowly granulating cavities which follow the removal of suspicious growths with pastes. Ulcer rodens returning in the wound after excision, has been healed by sponge grafting. In it we have a means of supporting the capillary loops of granulating tissue, of retarding the ulcerative process, and receiving a quick and constant supply of nutritious pabulum for repairing the breaches of continuity incident to the removal of malignant processes.—*Michigan Medical News.*

FAITH AN ELEMENT OF SUCCESS.

DR. FOTHERGILL, in referring to this subject, utters some very sensible remarks. There is no doubt that many physicians make the most lamentable failures on account of their want of faith in therapeutic measures. The effect of the mind on the body is well known, and when the patient sees a lack of confidence in the physician, he is depressed thereby, and the condition is made worse, instead of better. One of the most successful practitioners in one of our western cities attributes his success in great measure to the faith he himself has in the effectiveness of drugs properly administered, and the confidence that his faith inspires in his patients. Dr. Fothergill says: "If the medical man speak to the patient with doubtful accents and hesitating utterances, he does not inspire confidence; he really sows distrust. This is the explanation of the successful treatment of a case by one man where another has failed, the remedial measures being much the same. The one carries the patient with him to the restoration of health; the other intensifies a morbid state and tends to make it permanent.

"This is a matter too little thought about. Just as a weak-willed medical man fails to do certain patients good; and lack of decision of character unfits a medical man for dealing with emergencies, where the judgment must be prompt and the action energetic; so the therapeutic nihilist, who doubts the efficacy of drugs and leaves them chronic valetudinarians; while in the hands of an enthusiast the cases would soon move onward to a satisfactory termination. There are some men who are 'doubting Thomases;' there are others who decry what they do not understand, and deprecate remedies with whose potency they are unacquainted, who do immeasurable harm to their patients. An eclipse of faith in medicines has now existed some time; but the darkness is beginning to move away, and a return of faith,

stronger, firmer, more capable of giving a *raison d'être* for its existence than in the past is dawning—the daybreak of happier times for those who are stricken down with illness, or crippled in their working power by incapacity in their digestive viscera. This therapeutic nihilism is a passing wave of opinion, a temporary mental state, the end of which is at hand; and the sooner it is over the better for all. The patient's prospects will be brighter, the medical man happier for feeling that the patient has got some 'value received' in return for his outlay. A healthier condition of thought on matters medical will generally obtain; for quacks, charlatans, and irregular practitioners of all kinds are to a great extent fostered by the recent want of faith in the medical profession. When a man is sick, what he wishes is to get well; the means to him is a matter of comparative indifference."—*Cincinnati Lancet and Clinic*.

MEDICAL RUBBING.

THE following was read in the Section of Medicine at the Annual Meeting of the British Medical Association in Worcester, August, 1882, by J. Fletcher Little, L.R.C.P., Ed., Ben Rhydding, and published in the *British Medical Journal*.

Medical rubbing, when skillfully done, is one of the most effective and powerful remedies that we possess. If it is done by ignorant or untrained hands, it is capable of doing immense injury.

Medical rubbing can restore the wasted muscle, can unloose the stiffened joint, can promote the enfeebled circulation, can bring back sensation to the benumbed limb, can soothe the irritated nerves, and can promote digestion and assimilation by causing healthy waste and excretion. The principles of medical rubbing are simple and easily understood, so that any medical practitioner can train a suitable person in a few lessons.

The rubber should be strong and healthy, bright and cheerful, with plenty of energy and intelligence. A stupid lout cannot make a good rubber.

The hands of the rubber should not be too small nor too large. They should not be bony nor clammy, nor horny nor doughy. They should be firm, warm, supple.

The position of the rubber should always be that of perfect ease. No one can rub if they are craning over a patient, or in a cramped or constrained position. The patient must always be placed in such a position that the rubber is perfectly at his ease. If this is not done the rubber soon tires, uses unnecessary force, hurts the skin, bruises the muscles, and does more harm than

good. The position of the patient should also be one of perfect ease. No muscle should ever be rubbed except it is soft, and no joint except the skin over it is relaxed. The skill of the rubber is greatly aided by the science of physicians in placing the muscles and joints in the most suitable position. The patient should be lying down on a low bed or couch, and the rubber sitting close to or standing by him.

The limbs should always be rubbed from the extremities upwards and the trunk from above downwards. The rubbing I am going to demonstrate to you is a combination of what I learnt at Paris amongst Prof. Charcot's cases, and at Philadelphia last autumn, when I had the great privilege of seeing a dozen or more of Dr. Weir Mitchell's cases undergoing what is now called the rest cure.

It is a combination of the "skin friction," "French massage," "muscle rolling," and "kneading," "deep thumbing," and "medical calisthenics," or the Sweedish movement cure, which I shall fully explain in the demonstration.

Many attempts have been made to supersede the human rubber; and if any of you are in London, I should advise you to visit the Zander establishment above the Soho Bazar, Soho Square, Oxford Street, where you will see some series of almost costly and ingenious machines for doing what any medical rubber can do with his own hands.

Dr. Roth and his son, Mr. Bernard Roth, have shown what the concentrated will can do when brought to bear on an enfeebled muscle. Gentlemen, you can now combine every advantage of all these systems by the simple means I shall now show you.
—*Cincinnati Lancet and Clinic.*

TREATMENT OF GALACTORRHŒA AND INCIP- IENT MASTITIS BY STRAPPING.

DR. E. SCHWARZ (*Centralblatt für Gynakologie*, July 1, 1882,) reports the cure by strapping of a case of galactorrhœa which had resisted all the commoner modes of treatment. The patient had originally suffered from a suppurative mastitis. The abscess had been opened and iodoform applied. The abscess proper healed readily, but the incisions failed to do so. They, as well as the nipple, discharged milk in considerable quantity. The volume of the breast was increased, and there was moderate tenderness. Anæmia supervened, and the health of the patient depreciated to an alarming extent. The author finally hit upon the expedient of lessening the blood supply to the affected breast by strapping. By this means he hoped to diminish the hyper-

secretion. After washing and drying the breast, strapping was applied as follows: Two strips were applied to the tip of the mamma, above and below the nipple, in such a manner as to leave the latter, and a small horizontal ellipse around it, uncovered. The strips thus formed an elliptical figure. Their extremities ended on the sides of the mamma, that of the lower one above, and *vice versa*. A second ellipse was then applied, overlapping the first to one-half its width. Six or seven of these were applied, of which the last embraced the base of the breast, its ends terminating on the skin of the thorax. Finally, the nipple itself, with the surrounding small space, was covered. Every point of the mamma, above and below, was thus covered by a double layer of strapping, and at the crossings on the sides by more than two layers. Almost immediately after the application, the breast had diminished in size, from the tightness of the strapping. There was no pain during the time occupied in putting on the plaster, or thereafter. By the next day only a few drops of milk had appeared through the strapping. The mamma had become so diminished in size that a new application became necessary, followed by a third, two days later. Three more applications sufficed to bring about the cure of the dermatitis, arrest the hypersecretion, and close the fistulæ. The affected breast now was less in volume than the other. Other procedures had been abandoned on application of the first strapping. In a case of incipient mastitis mentioned, the author, after resorting to others without success, employed the above procedures; but in addition suspending the breasts by two long strips passing over the shoulder. The operation caused no additional pain, but, on the contrary, pain entirely ceased after the lapse of half an hour. A cure resulted after the two additional applications at intervals of two days. In a third case a threatening abscess was aborted. Schwarz draws attention to these points: That the strapping must be carefully applied as described; that the plaster must adhere well; that a constant equable pressure must be exerted, and that the strapping must be renewed when it becomes loose, this generally occurring daily at first.—*Medical Record*.

COMPARATIVE VALUE OF THE ALKALINE BROMIDES.

THE results of the comparative experimental and clinical studies of Cheron and Fawcney on the above-mentioned bromides may be summed up in the following:

I. Sodium bromide controls reflex irritability and at the same

time lessens sensibility, thus distinguishing itself from bromide of potassium, which also acts at the same time upon the nervous and muscular system in the double action of the bromide combination and potassium salts. The authors found in relation to the physiological action of bromide of sodium on man. 1. An increase in the secretion of urine. 2. Increase in its solid constituents. 3. Diminution of urea. The dose ranged from one to four grains daily. If a dose of four grains was given daily for a longer space of time an equalization took place, the excretion of urea increased again up to 17 or 19 grammes, and the amount of solid constituents to above the normal. In consequence of this observation the authors tried bromide of sodium in convulsions, renal deposits, and rheumatism, and with good results.

II. Ammonium bromide in the same dose (1 to 4 grammes), and administered under similar circumstances, gave the following results: 1. Diminution in the quantity of urine. 2. Increase in density, aside from its decrease in quantity. 3. Decrease in its solid constituents. 4. Of urea. This salt acts as a transient excitant resulting from its base, showing however, at the same time, the sedative action of the bromide.

III. Potassium bromide diminishes the excretion of urea, showing however, but slight diuretic action in daily gramme doses; hence it diminishes the assimilation of matter. It is excreted rapidly by the mucous membranes—similar to the other bromides, the sensibility of which it diminishes, and partly through the kidneys. It acts markedly upon the sensibility of the genital organs.

Therapeutically for the insomnia of nervous women and chlorotic persons, sodium bromide is preferable, since a dose of four to five grammes does not effect either the muscular activity or the intestinal canal, as potassium bromide. If the insomnia depends upon a partial or general congestion of the brain, ammonium bromide is preferable. In epilepsy, potassium bromide has many disadvantages—general torpor, loss of memory, and difficulty of speech. In the dose of four to ten grammes it occasions profuse diarrhœa. Of late the three bromides have been given in combination, the advantages in this are as follows: 1. Smaller doses, since the atomic weight of sodium and ammonium is less. 2. More rapid elimination. 3. The depressing action of potassium bromide is less.

In chorea, as a sequel to rheumatism, ammonium bromide is recommended; in chorea, originating from the medulla, sodium bromide; potassium bromide is only indicated in excessive irritation of the muscular tissue.—*The Medical Bulletin.*

THE NUTRIENT TREATMENT OF INSANITY.

"THE greater my experience becomes," writes Dr. Clouston (*Annual Report of the Royal Edinburgh Asylum for the Insane*), "I tend more to substitute milk for stimulants. I don't undervalue the latter in suitable cases; but in the very acute cases, both of depression and maniacal exaltation, where the disordered working of the brain tends rapidly to exhaust the strength, I rely more and more on milk and eggs made into liquid custards. One such case this year got eight pints of milk and sixteen eggs every day for three months, and under this treatment recovered. I question whether he would have done so under any other. He was almost dead on admission, acutely delirious, absolutely sleepless, and very nearly pulseless. It was a hand to hand fight between the acute disease in his brain and his general vitality. If his stomach could not have digested and his body assimilated enough suitable nourishment, or if he could not have been taken out freely into the open air, he must have died. But to-day he is fulfilling the duties of his position as well as he ever did in his life. All acute mental diseases, like most nervous diseases, tend to thinness of body, and therefore all foods, and all medicines, and all treatments that fatten, are good. To my assistants, and nurses, and patients, I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat, and it would be well if all people of nervous constitution would obey this gospel."—*The Practitioner*.

THE TREATMENT OF INTUSSUSCEPTION.

IN the September number of the *New York Medical Journal and Obstetrical Review*, Dr. W. R. Gillette, Physician to Bellevue Hospital, relates a case of intussusception in a child nine months old, relieved by injections of water, the administration of chloroform by inhalation, and manipulation of the tumor felt through the abdominal wall. This, he states, is the third case of intussusception in infants which he has seen, and which he has been able to reduce by these means. He thinks that these cases, from the philosophy of their condition, and the necessary measures for relief, are best managed in the way indicated. In two other instances, in which he saw and advised this treatment, reduction was utterly impossible under the other methods tried. The children in each of these cases were held while struggling, and the injections forced into them against all voluntary and involuntary efforts which they could make. He deems the administration of chloroform almost absolutely necessary in these cases. The reason is not difficult to find,

inasmuch as, while it gives us such perfect control of the patient, it also eliminates the element of muscular spasm. Moreover, massage is a powerful adjuvant to the hydrostatic pressure of water in these cases. In the first two cases the obstruction was not overcome until massage also was employed.

THE TEMPORARY TREATMENT OF DENTAL CARIES.

It often happens that physicians are called upon to put an end to the intense suffering occasioned by diseased teeth, the services of a dental practitioner not being at command. Failing to allay the pain, or perhaps declining to undertake what seems the hopeless task, the physician is apt to yield to the patient's importunities and extract the offending tooth; thus may teeth that might be reclaimed be sacrificed. How to avoid this loss, and yet give relief, is set forth by Dr. Shirley Deakin in the July number of the "Indian Medical Gazette." Suppose a patient to be suffering from caries of a tooth connected with abscess of the gum, capable of opening his mouth only a short distance, on account of swelling of the side of the face; and to have passed sleepless nights, in spite of having applied creasote, carbolic acid, chloroform, etc., without much effect, beyond cauterizing his gums. The tooth being found to have a strong shell, the patient is directed to rinse his mouth well with tepid water (water of the temperature he finds most agreeable). After drying the mouth, absorbent cotton, either in pledgets or twisted into a rope, is introduced around the tooth, so as to separate it from the tongue and the cheek. The cavity is then to be cleaned and dried out, as thoroughly as the tenderness will allow of, by means of a bent probe with some absorbent cotton twisted around its end. In this part of the procedure the great point is to keep the tooth cavity free from saliva, and thoroughly dry. The cavity is now to be filled with a cotton pellet saturated with the following mixture:

R.—Pure phenol (carbolic acid No. 1)	f ʒ ss.
Glycerin,	mxx
Tannic acid	ʒ ij
M.	

Instead of this precise quantity of tannic acid, as much of it may be used as the carbolic acid solution will take up, adding it slowly, forming a molasses-like liquid, the action of which, the author says, is quite different from that of either of the chief ingredients used separately. The application is painless, and it quickly desiccates the pulp, rendering it perfectly insensible,

without appearing to permeate the surrounding healthy dentine to any great extent. A piece of cotton soaked in a solution of mastich or gum benzoin in ether is applied over the pheno-tannic pellet, to protect it from the action of the saliva. The pledgets of cotton are now removed from about the tooth, and the mouth is well rinsed with water. Should there be any subsequent tenderness, the plug may be changed, two or three times a day at first, and then once in two or three days, until all inflammatory action has subsided. Often but one application is needed. As soon as the patient can bear the necessary manipulation the cavity is to be cleaned out thoroughly and stopped with oxychloride of zinc (*os artificiel*). The author has known this filling to remain serviceable for three or four years.—*New York Medical Journal*.

BISMUTH IN DYSPEPSIA OF CHILDREN.

E. W. DUNBAR, M. D. (Zurich), M.K.Q.P.I., contributes the following to the *Practitioner*:

Loss of appetite in children with pain after eating, nausea, and depression, if accompanied by a tongue either clean or slightly coated, but showing redness and enlargement of the papillæ fungiformes, is quickly relieved by administration of bismuth, either in the form of the subnitrate or of the solution of the oxide in ammonia and citric acid as discovered and prepared by Mr. Schacht. The dyspepsia, which is characterized by the described appearance of the tongue, is produced by indigestible food. If the tongue is coated the dyspepsia is recent, and it is chronic and of some duration if the tongue is clean; loss of appetite and consequent diminution in the amount of food taken having given opportunity for the tongue to clean.

The digestion of children being easily disturbed, this form of dyspepsia may very frequently be observed among them. It is often necessary to persist in the use of bismuth for several weeks before the papillæ fungiformes resume their normal appearance and a lasting cure is effected, although improvement shows itself quickly in the appetite and returning liveliness and cheerfulness of the little patient. The action of bowels is as a rule markedly improved and more regular, especially if the liquor bismuthi is used; exceptionally the bowels are rendered more constipated and it is necessary to give a mild aperient occasionally.

While testing the accuracy of the described indication for the use of bismuth, I prescribed it, owing to the state of the tongue, in the case of a child who had an obdurate cough that had resisted all the usual remedies for subduing irritation of the

larynx. The cough ceased with the improvement which quickly succeeded the dyspeptic symptoms. The dulness and languor produced by this form of dyspepsia in children may easily be mistaken, especially if the tongue is clean, for weakness and a condition requiring tonic treatment. The marked distaste for food and the characteristic tongue point to the true nature of the ailment.

The dose of liquid bismuth varies from two minims under one year to three, five, ten, fifteen and twenty minims up to twelve years of age; the dose to be repeated twice to four times a day according to the severity of the symptoms. The remedy appears to be most effectual when taken after meals. The subnitrate may be given in doses of one-half grain up to two, three, and five grains.

Bismuth is quite ineffectual in the dyspepsia of children where the tongue is smooth, clean, and shows no enlargement or redness of the papillæ fungiformes.—*Lancet and Clinic*.

EMOTIONAL PRODIGALITY.

DR. C. FAYETTE TAYLOR, in a *brochure* with the above title, clearly shows that this much talked of disease, neurasthenia or American nervousness, depends almost entirely upon emotional excesses rather than purely intellectual activity; that the latter function, in fact, rather increased the bodily health and vigor. "It is not the *thinking* which breaks people down, but it is an excess—often an unnecessary excess—of other mental activities which works the bodily injury; and by other mental activities I would especially include the *emotions* as the most exhausting of all mental attributes." In the rearing and education of children this emotional prodigality is most apt to be encouraged and to show its evil influences, especially with young girls whose highly emotional natures are most easily excited, and whose bodies are passing through that "vulnerable period" between girlhood and fully established womanhood, the very time they are under the greatest strain. Remedial measures are to be found, not in drugs, but a better physical life in which the bodily growth and development are not stunted by emotional excesses but encouraged by a strict observance of hygienic laws.—*New York Medical Times*.

VESICAL CALCULUS.

AT a recent meeting of the Pathological Society, Dr. J. Lewis Smith presented a specimen removed from a boy eight years of age, with the following history: The patient had been perfectly

well up to a few days previously, when he began to complain of some pain in passing urine. On September 16th he had not been able, although he had attempted several times, to pass urine, and on the evening of the same day he succeeded in passing a small quantity, and it was stated that he was entirely relieved. The case being one of considerable interest he thought it well to make an examination, and the result showed that it was well that he did, because he discovered a calculus lying in the meatus within the glans-penis, and as he pressed upon it it protruded from the meatus. But it was so tightly fixed that in order to remove it he was obliged to use a proper pair of forceps, and then succeeded only with considerable difficulty. The case possessed additional interest for him, because it was the second one which he had encountered within the last six months in which obstruction to urination had been caused by a calculus that had lodged in the urethra in the glans-penis. In the first case the calculus was not as large as was the specimen presented, and at his visit it was protruding somewhat so that he could see it. In the second instance, however, the calculus protruded only after making slight pressure upon the glans-penis, and by so doing he was enabled to get hold of the stone with the forceps.

The specimen was referred to the microscopical committee.

DR. BRIDDON remarked that several years ago he was called to see a child under similar circumstances, suffering with retention of urine. He introduced a catheter and felt a calculus in the perineum, and with great difficulty he got a small instrument beyond the obstruction and emptied the bladder. He arranged for its removal by operation on the following day, and Dr. Gordon Buck was invited to be present. On their arrival, and after drawing the foreskin back, they found the calculus impacted in the meatus. This was removed and then a sound was introduced into the bladder and another calculus was felt, which he proceeded to remove by lateral lithotomy, and found it to be an inch in diameter. He thought it was proper in all these cases to explore the bladder with the sound to see whether there were any more calculi present.—*The Medical Record*.

DEATH FROM A DROP OF LAUDANUM.

DR. G. FRANK LYDSTON, of Chicago, writes: "I notice in *The Record* of September 2d a remarkable case of fatal poisoning in an infant as a result of the administration of a single drop of laudanum, and it suggests to me a case of my own, in which I very nearly experienced a similar accident. The case was that of an infant, about a week old, born at the Charity

Hospital, New York. The nurse called my attention to the fact that the stools of the child contained a quantity of blood, which began to appear in slight amount and gradually increased. As the child had had some diarrhœa, I concluded that the trouble was of a dysenteric nature, and accordingly gave the child a drop of tr. opii with two drops of castor-oil, with the result of producing the symptoms of opium-poisoning to a marked degree, the surface being cold, the pulse feeble, and respiration very slow and shallow. The pupils were contracted and the child comatose, being aroused with difficulty. By slapping the surface smartly, and the free use of the cold douche, I succeeded, after a hard night's work, in restoring the infant. The experience gained was very valuable, as it served to impress me very forcibly with a point with which I was already familiar, viz., the marked intolerance of children for opium. * The most singular feature of the case is, that upon careful examination—the diarrhœa having stopped and the hemorrhage still persisting—I found the source of the bleeding to be the vagina. There was no lesion visible, but the vaginal mucous membrane was considerably congested. The hemorrhage persisted for four days, and then ceased as gradually as it began. The child seemed otherwise perfectly healthy. The blood had one peculiar quality, in that it showed no disposition to clot, resembling in that respect normal menstrual blood. There were no evidences of precocious development. I attempted to detain the child for a time, but it was removed from the hospital, and I could learn nothing of its subsequent history.”—*Medical Record*.

TREATMENT OF MALIGNANT TUMORS BY ELECTROLYSIS.

PROFESSOR MARIANO SEMMOLA, of Naples, presented a paper to the International Congress, in which he advocated the treatment of external malignant tumors by electrolysis. His method is to introduce both needles into the growth at some little distance apart. The applications may be made every day or two or three times a week, according to the size and duration of growth of the tumor. A mild current applied during a long sitting is preferable to a short application of a stronger current. The application causes pain. In conclusion, the author asserts: 1. Tumors of malignant nature can be cured by electrolysis. This result is attained (*a*) by exciting little centres of inflammation, with consequent formation of cicatricial tissue; (*b*) by inducing a fatty degeneration in the mass of the tumor, especially when the latter is already on the way to softening; (*c*) by provoking a suppura-

tive inflammation, with consequent sloughing and disintegration of the tumor. 2. In conjunction with the treatment by electrolysis, it is necessary to administer large doses of iodide of potassium for a considerable time to obtain its alterative effects. The cure is slow but complete if one will but persevere. The author believes that the cure is permanent, but cannot assert it positively as his cases have not been under observation long enough.—*Le Progres Medical*, July 15, 1882.

DIET IN CHRONIC NEPHRITIS.

PROF. LICHTHEIM (*Correspond.-bl. fur Schweiz. Aerte*, No. 7, 1882), in address to the Medico-Chirurgical Society of Berne, treats this subject with much fulness. The ordinary practice, he says, is to prescribe a diet more than usually rich in albumen with a view to replacing the loss from the kidneys. The patient's danger from loss of albumen is, however, much less than that arising from the imperfect filtration performed by the kidneys, and the consequent retention of nitrogenous waste-products in the blood. For a considerable time this tendency to retention may be counteracted by the increased blood-pressure and cardiac hypertrophy, which effects a sufficient elimination even from the defective kidneys. This being the case, it must needs be unwise to strain this attempted compensation unduly by giving nitrogenous foods in quantity; this merely implies increased production of nitrogenous waste and increased work on the eliminating organs. The result of such a regimen must be a further increase of blood-pressure and greater cardiac hypertrophy, until at last the heart ceases to respond and becomes dilated; in other words, a new difficulty to the embarrassed circulation is raised. By giving food which contained little nitrogen the professor has found that the dyspnœa of confirmed nephritics rapidly disappeared. He is inclined to regard the dyspnœa not as uræmic, but as a simple consequence of insufficient contraction of the heart, analogous, therefore, to the dyspnœa of cardiac patients.—*The Practitioner*.

MASSAGE.

MASSAGE is very useful in joint diseases. That it has a notable mechanical effect here is shown by an experiment of Mosengeil's. He took rabbits and injected India ink into various joints. Some of the joints he massaged, others not. He then opened the injected joints. Those that had been rubbed were almost free from ink, which could be seen coloring the outgoing

lymphatics for some distance. In the other joints the ink was found in abundance. Pure glycerine is recommended as an agent to be used in massage, rather than sweet oil, which soon gets rancid. As a rule, massage should be done twice daily for from five to twenty, or in chronic troubles, thirty minutes each time. After the rubbing it is sometimes well to lead the animal about quietly for five or ten minutes, then cover the parts with warm and moist applications.

Massage is one of those forms of treatment which will give good or no results, according as it is carefully and conscientiously used.—*Journal of Comparative Medicine*.

RECOVERY OF NINE CASES OF HYDROPHOBIA.

At a recent meeting of the Paris Academy of Medicine, a memorandum was read by M. Decroix, reporting nine cases of cure of hydrophobia. The Committee on Rabies made, during the year 1874, a series of experiments with medicines said to be useful for curing rabies, in which they made use of pilocarpin three times, and in every case the remedies hastened death by the violent fits they brought on. In the course of his experience M. Decroix met with two cases of rabies which did not end fatally. The conclusions arrived at by the Committee are as follows:

First.—It has been experimentally demonstrated that rabies may recover spontaneously.

Second.—Up to the present no treatment has proved to be anti-hydrophobic, and cases of cure by this or that means may be attributed to the efforts of nature.

Third.—All the means used by the Committee since 1874, comprising principally injections of pilocarpin, have hastened rather than retarded the death of the subject.

Fourth.—Those dogs usually recovered which were left without treatment, as the medicines brought on violent fits, and there is an inclination among medical men to leave men thus attacked in perfect quiet, and only practise experiments on animals. The filing down of dogs' teeth—an easy and almost painless operation—is still the most efficacious preventive of madness.

Fifth.—Rabid people left in the dark and kept quiet are not subject to fits, unless they are brought on by excitement or by ordinary medicines, and “as far as I am concerned,” says M. Decroix, “I would rather be attacked by this kind of madness than many other diseases, particularly than that red chancre of smokers.”—*Medical Press*.

EDITORIAL.

“In things essential, unity; in things doubtful, liberty; in all things, charity.”

CAN CANCER BE CULTIVATED?

THERE is not a doubt of it! It may not be very easy to produce a cancer artificially, but it can be done. If the attempt be made often enough, it will eventually be crowned with success. To do this, patients should be instructed to go about with phymosis unrelieved, and encouraged to smoke clay pipes with the varnished end broken off; or persuaded to retain sharp-edged stumps of teeth in their jaws. By some of these methods we may reasonably expect, every now and then, to see the *de nova* production of cancer. The same end may be attained with even more certainty, should we have it in our power to select cases for the experiment, in which there already exists local evidence of irritation long continued. For example, we may tell a patient who has a little wart, or an irritable crack in his lip, that he may go on smoking, particularly if he uses a pipe, the stem of which is somewhat rough, and amuse himself by picking off the scab whenever he has a little spare time, and let us see him again in about six months or so. This is a very certain method, and will yield gratifying (?) results. Or, again, we may assure the man who comes to us with a little hard pimple near the angle of the eye, that it is of no consequence; not worth an operation, that would leave a scar and disfigure him somewhat, and advise him to apply cold cream or vaseline. In a year or two's time he will probably be able to show us a very pretty specimen of rodent ulcer. There are, indeed, few doctrines in surgery of more importance than that which teaches that there is a *pre-cancerous* stage of cancer; a stage of local chronic inflammation which precedes the true cancerous action, and that in very many cases, cancer is for a time—sometimes the period is long—a local disease only.

How often has this doctrine been insisted upon by that eminent surgeon, and most conscientious of men, Jonathan Hutchinson. The facts which support it, press upon our notice very often. From our notes of a “bedside talk” upon this subject, we abstract the following case, and the remarks made in connection with it, as proof that cancer may sometimes be cured by local measures alone. The patient—a man, æt 60—had had his penis amputated for cancer twelve years before, and had suffered no return, and now only came on account of contraction of the urethral orifice:

“Of similar instances after removal of ‘chimney sweeps cancer, and cancer of the lip,’ said Dr. H——, “I have seen not a few, and occasionally a like result after extirpation of the globe of the eye or excision of the mammæ. Three cases are now under observation, in which there has been exemption from a relapse for a period varying from seven to eleven years, two of them after removal of the eye, and the third of the breast. Proofs of the baneful influence of local irritation long continued, abound. I am about to amputate the penis of a poor fellow who is only 32 years of age, and in excellent health. He has a little family, and is of steady habits. His weak point is that he has had congenital phymosis, and I much fear that it is to cost him his life. You remember the man Judkins whose leg I amputated a week or two ago on account of epithelioma? He had been subject to chronic ulceration of the part for a series of years before the sore took on the cancerous action. The chimney sweeps form of cancer has been almost stamped out by an Act of Parliament, which enforced the substitution of machines for boys in sweeping chimneys.”

Early diagnosis is the key, and the only one, to the successful treatment of cancer. This diagnosis is often difficult we admit, sometimes extremely so, but we should do by the patient as does the law by the accused; give them the benefit of the doubt. If we entertain a reasonable suspicion as to the sore being a cancerous one, and it is so situated as to admit of local extirpation, we should cut it out root and branch, or destroy it in the freest manner possible by escharotics, of which we believe chloride of zinc is by far the best in this instance. We do no serious damage by destroying or excising a syphilitic sore in mistake for a cancerous one, especially if it be on the lip, tongue, and with still more force, on the external female genitals; whilst we do such a patient the greatest possible unkindness if we leave a cancer undisturbed for a few weeks while we are making up our mind, and having learned its true nature, learn also that it is too late to operate with any hope of success. Mistakes must occur now and then; let us err on the side of safety when we do so.

THERMOMETERS AS A MEANS OF REVENGE.

GREAT has been the progress made, even in our time, in the art of detecting disease with exactitude, and it is daily becoming more and more manifest, that mere symptoms or functional disturbances frequently bear no relation to the pathological lesion which produces them. Instead of guessing at what is probably the matter, we now often determine with certainty what exists.

Diagnosis is daily becoming less and less conjectural. Percussion and auscultation, speculæ, the microscope, the ophthalmoscope, the laryngoscope, chemical tests, and other appliances, enable the well educated physician to act with convictions altogether unknown to his predecessors.

Not the least important of modern appliances is the clinical thermometer. we say modern, for although its importance was insisted upon by De Haen over one hundred and thirty years ago, it is only of recent years that it has come into anything like general use. Experience has firmly established the importance of thermometric observations in febrile states of the body, and he who now ignores the use of the thermometer is regarded as like the ancient warrior who engaged in mortal combat with his right arm bound behind him.

The thermometer forms one of our most valued and reliable aids to diagnosis, and is especially of use in forming a correct prognosis. But this is, we believe, generally admitted; and our object was rather to allude to the better mode of using it. We are aware that many test the temperature by placing the bulb of the thermometer under the tongue, we do so ourselves sometimes, when we merely wish to ascertain whether or no the patient has any increase of temperature, without regard to the exact degree, and in office practice, especially with women, this method will answer the purpose, though it is not without danger, but in all acute cases where we wish to know the exact degree of heat, we believe the axilla to be much the better place for taking such observation, as it is there completely enclosed and surrounded by the soft parts and therefore exempt from disturbing influences.

A thermometer that requires more than nine minutes to mark the highest temperature, should be rejected, as it is not sensitive enough, and its use will tire the patient too much, but a majority of the best and most reliable ones will require eight minutes, and when it must be held under the tongue that length of time, it becomes fatiguing, especially to children, as the number we have had broken in that way would testify. Much has been said of late concerning the danger of communicating disease from one patient to another, by the thermometer, and the necessity of proper disinfection of the same. Doubtless the danger has been exaggerated, and yet we are persuaded that there is a danger when the temperature is taken in the mouth. At what time such diseases as variola, scarlatina, diphtheria, etc., begin or cease to be contagious, is a question which is still *sub judice*, and to us it is easy to conceive that when the thermometer is used in the mouth, though the disease be in its incipency, and the diagnosis still in doubt, it may readily become the means of conveying the

contagion to another. This might easily be the case in syphilis, in which anything but the characteristic appearances may be present. Such cases usually consult us as office patients, and the mouth would be the most convenient place for testing the temperature. We remember seeing the thermometer used once where mucous tubercles were present, but the nature of the case not being suspected, they had been undetected. True, proper precautions might remove the danger wholly or in part, but the busy practitioner is so apt to neglect or only partially employ them. On account, therefore, of accuracy, safety, and last but not least, cleanliness, we believe the axilla to be the proper place for taking thermometric observations. The following incident, which is vouched for, illustrates our objection on the score of cleanliness: A visiting committee to a hospital came to the second bed from the door of a ward. "Well my man, how are you getting on? Can we do anything to make you more comfortable?" The patient expressed a wish to exchange beds with the one next to the door, and on being pressed for his reason said: "That man is my bitterest enemy. The doctors always come in at that door, and they put the same thermometer in my mouth, that has just been in that man's stern".

LEMONS AND LONG LIFE.

MANY are the plans that have been proposed for lengthening out this mortal span, or at least postponing the coming of old age with its failings and infirmities. But all such plans have thus far proven futile; the "Fountain of Youth" has eluded the search of all, save the compounders of certain "Elixirs" and "Tonics," so called, or other patent nostrum, and sooner or later there comes to each, unless he be loved of the Gods and die young, as all thus loved are said to do, a time when the sight grows dim, the pulses beat slowly, and the step grows feeble and infirm. Dr. William Schmole, Professor of Pathology, at Bonn, has written an ingenious work, which he certainly may claim to be novel. The title being translated is "A Scientific Method of Prolonging and Making Comfortable Human Life," and he proposes a new method for obtaining a green old age, which he bases upon the hypothesis that the condition known as old age is produced by a misproportion between the organic framework and inorganic constituents of the human body. In order to prevent this condition and preserve the elasticity of youth, it is only necessary to introduce some substance which will dissolve the excess of mineral matter and allow of its absorption and excretion. Such substances are the inorganic acids, and chief among

these, citric acid, the next in value being lactic acid. Citric acid is best taken in the form of lemon-juice, and it is recommended that a person swallow the juice of from two to eight lemons daily, year in and year out! Such a practice also secures one against the attacks of rheumatism, which afflict old age. It also prevents the degeneration of the arteries and the calcification of the vascular system. Our author also avers that many of the fevers and inflammatory diseases of old age are due to reflex and sympathetic processes. He states that a treatment which benumbs these reflexes will tend to ward off such complications. For this purpose he advises small and frequently repeated doses of acetate of morphia. The number of cases illustrating the effects of this new elixir vitæ is small as yet. One person, who fed himself on lemons as directed, died at the age of 110, and then his death was an unnatural one.

It is unfortunate that the success of this method rests upon so limited a number of recorded cases. How unfortunate, too, that the case specially alluded to met such an untimely (?) end. It would be difficult to prove that had that accident not overtaken him, he would not have lived to be as venerable as Methuselah himself. Should any of our readers conclude to avail themselves of this method, we would bespeak for subscribers of the JOURNAL fifty or seventy-five years hence, a full record of their experience in the use of this *elixir vitæ*. We will hardly be here to record the matter ourselves, but our successors in the editorial chair will doubtless be glad to receive the facts, and pass them down to posterity.

OBTAINING ADVICE UNDER FALSE PRETENCES.

Not long since being in the company of several medical gentlemen of this city, the conversation drifted in a purely natural way, on to the subject of gratuitous advice, or rather, advice for which the physician receives no compensation, though it can hardly be said to be a gratuity. Matters of personal experience were recited, illustrating almost every possible phase of the subject; many an ingenious ruse was related whereby the patient sought to obtain advice without paying for it; and withall there was that general freedom of interchange of opinion which is customary on such occasions. One gentleman inquired the custom of those present when accosted in the street and advice desired. Another replied, that with him, the patient was either invited to accompany him to the office, whither he was proceeding, or was informed that he was in haste, but would see him at his office,

mentioning the office hour. But in exceptional instances, such as would sometimes occur, the advice was given, and the same fee was charged as though given in office. This was assented to by another gentleman, but a fourth said that he had often been compelled to be thus imposed upon, and had in several instances mortally offended and lost the practice of families whom he had charged for advice so given. Regarded from the standpoint of fairness and just ordinary business prudence, there seems to us to be only one side to the question. In the office it is the advice or opinion given, that the patient expects to pay for, and not the circumstances under which it is given. Given in the street, the advice is the same, and possesses the same value, whatever that may be, and no reasonable person, who gives it a thought, could object. Still there are some well meaning people we know, who would regard as avaricious the physician who would make a charge for advice given in the way under consideration, forgetting that he has devoted years to hard study and application (or is supposed to have done so) to qualify himself and to give a value to that opinion; with just as much justice might they expect the banker to share with them his stocks, or the merchant to give them of his stock in trade. These well meaning ones say in defence of their position, that when they consult the doctor in office they expect to pay, for that is in the regular course of business, but when encountered in the street it is quite a different matter, for little or no time is occupied and no examination is made. But the advice is supposed to be as carefully and thoughtfully given, as it would be under any circumstances, and no examination is made because none is deemed necessary, otherwise the careful physician would withhold his opinion until one could be made. The fact of the matter is, custom has elevated (?) the physician to a position where he is expected to exercise charity, meekness, long suffering, and other christian virtues, in no ordinary degree. Of him the most is expected, and to him the least is returned.

There are certain of the laity, who, while assuming to hold medical advice in but light esteem, are really the first to seek it when indisposed, and reward it liberally—with ingratitude. These are they also who seek to obtain advice surreptitiously, an ordinary social interview, or casual conversation often concealing an insidious demand or a direct request for an opinion. The following anecdote well illustrates, we think, the treatment such should receive:

One day a physician met in the street a gentleman who was accustomed to annoy him in this way. The doctor was stopped and a number of physical troubles were rehearsed. "Great

heavens!" said our Æsculapius in affected alarm, "is that the case? Let me see your tongue." The would-be patient looked around suspiciously, then opened his mouth with some reluctance. "I tell you," said the doctor, with apparent irritation, "put out your tongue. How can I make a diagnosis if I only see the tip? There, hold still! Further! Now close your eyes." The patient, conquered, shut his eyes tightly and thrust out his tongue to the utmost. The doctor stepped around the corner quick as a flash, and was troubled no more for advice *gratis*.

WHY NOT?

EVERY reader is cordially invited to become a contributor to our pages; short practical articles are always in demand, and we can give you a larger audience, we believe, than any other eclectic journal in the East. In writing articles it is important to cultivate brevity. Short spicy articles, just full enough to convey the idea of the writer, with the true ring of business about them; accounts giving the facts of unusual or interesting cases without long speculative theories, attract far more attention and are more generally read than those of greater length. We are sometimes compelled to decline articles of undoubted merit, on account of their length. After writing, cut out all that is superfluous, and we will guarantee that it will be read by hundreds with pleasure, where before it would only have been read by tens. Send us short practical articles and plenty of them. Since we assumed control of the JOURNAL, its circulation has greatly extended, as we trust has also its usefulness. Almost daily, words of commendation and kindness reach us.

The following well-known gentlemen have spoken words of encouragement and have pledged themselves to contribute articles to our pages: Drs. J. M. Scudder, A. J. Howe and John King, of Cincinnati; Milton Jay and A. L. Clark, of Chicago; Geo. C. Pitzer and Edwin Younkin, of St. Louis; Alexander Wilder, David Wark, Geo. W. Winterburn and R. S. Newton, of New York; C. E. Miles, Milbrey Green and G. H. Merkel, of Boston; S. B. Munn, of Waterbury, Conn.; V. A. Baker, of Adrian, Mich., and many others. Let us add your name to the list. Why not?

WE recently noticed the advertisement of a patent medicine which began, "Ho, all ye dyspeptics." That is exactly what dyspeptics, as a rule, will not do. If they all would *hoe* vigorously, they might not need any medicine.

VACCINATION OF EMIGRANTS.

DR. MERKEL sends us the following concerning what he saw of the working of the law for the compulsory vaccination of emigrants. It would appear from it, that there are perils other than those of the sea, which menace the emigrant.

DEAR SIR :

I left Bremen, on the Necker of the North German Lloyd Line, on the 23d ult., in the midst of a severe rain storm which was accompanied by strong wind. The vessel rode at anchor a half mile or more from the wharf, and we were transferred to her by a small "tender," and here many of the passengers got a foretaste of the joys to come (sea-sickness) as there was a high sea on. During the voyage two accidents occurred, the first being the death of an eight year old child, on the third day out, in the steerage, from the effects of brandy. The parents being very seasick, the child, unobserved, obtained possession of a bottle of brandy which they had, and drank sufficient of its contents to cause death. A young lady also died, from heart disease it was said; but we brought into port the same number of passengers as we left with, for there were two births on board. Besides 110 cabin passengers, the Necker carried between 700 and 800 in the steerage. The United States law provides that every emigrant, without regard to age or physical condition, shall be vaccinated within twenty-four hours after leaving the foreign port. Many of those on board were exceedingly ill, and to anyone who has ever suffered the pangs of sea-sickness, it will be apparent that that was not a favorable nor a proper time for vaccination. But it must be done, for the law is clear and peremptory; there is no evading it, for on arrival at New York, all those who cannot show a certificate from the ship's surgeon are consigned to Blackwell's Island.

During the three days following our departure from Bremen, vaccination was the order of the day in the steerage. I was enticed thither by curiosity, and what I there saw was suggestive, to say the least, to me and may be of interest to you. The surgeon sat on a box in the store-room, lancet in hand, and around him were huddled as many as could be crowded into the confined space, old and young, children screaming, women crying, ; each with an arm bare and a woe-begone face, and all lamenting the day they turned their steps toward "the land of the free." The lymph used was of unknown origin, kept in capillary glass tubes, from whence it was blown into a cup into which the lancet was dipped. No pretence of cleaning the lancet was made; it drew

blood in very many instances, and it was used upon as many as 267 during the first day. I inquired of the surgeon if he had no fear of inoculating disease, or whether he examined as to health or disease before vaccinating. He replied that he could not stop for that, besides no choice in the matter was left him. The law demanded the vaccination of each and every one, and he must comply with it or be subjected to a fine. I thought it a pitiful sight, and am persuaded that could the gentlemen, through whose instrumentality the law was enacted, see what I saw of the manner in which it was carried into effect, they would be as zealous in seeking its repeal. As conducted the law is an outrage, and no one can estimate the number of helpless, innocent children, as well as adults, who are inoculated with syphilis or other foul disease, on every ship bringing steerage passengers to our shores.

Yours truly,

G. H. MERKEL, M. D.

At the meeting of the Boston District Eclectic Medical Society, to be held Tuesday Evening, November 14th, Dr. Pitts E. Howes of South Boston, will read a paper on Peritonitis.

It is announced that Buchanan, of cheap diploma memory, has served out his time of imprisonment, and is abroad again.

BOOK NOTICES.

NEW THERAPEUTICAL AGENTS. By Willard H. Morse, M. D.

8 vol. Cloth, embossed sides and back. Price \$2.00.

George S. Davis, Detroit, Mich.

The author avers that he has long felt that our knowledge of the *Materia Medica* can be better furthered by advancing therapeutics to the highest position, and putting the essential *Materia Medica* subordinate to it. The artisan cares not so much for his tools and instruments as for what they can do. So with the physician; he cares to know to what diseases a particular remedy may be applied, with a prospect of benefit, rather than to know its chemical composition or to what botanical order it belongs. The work is unique in style and method, practical in character, clear and concise, and includes much not found in similar works. The list of remedies considered includes a wide range; all those

of recent introduction, and the more valuable among those which have been longer known; those of most importance and value being given the greatest prominence. The space which is usually given to the physical and chemical characters of drugs, is here occupied by matters of far more practical weight. The work is provided with a double index, one to remedies and one to diseases, thereby facilitating its usefulness. It commends itself to us, by its decided and positive tone. Most of our treatises on this subject employ such ambiguous language; concerning a particular remedy they say, "it has been recommended," "it may be given," "it is reputed of use," etc., and the same language is applied to a large variety of remedies. A remedy either has power and value, in some degree, or it has none. Contrast the uncertain language of most writers, with our author's positiveness. "Damiana is a specific remedy for sexual debility or lethargy of any form and with any outcome. To write the word "specific," to say that a given remedy cures and never fails, may seem as if nature was being tempted. But still damiana is a specific, and such a one as can be trusted in, and depended upon. A true preparation of it is always reliable."

THE VEST POCKET ANATOMIST. By C. Henri Leonard, A. M.,
M. D. Eleventh Revised Edition. Price 75 cents. G. S.
Davis, Detroit, Mich.

This little work, the production of an American author, may be said to be Gray, upon which it is founded, condensed into eighty-two pages of clear and pleasant type. That it has met with a generous reception from the profession, we believe deservedly, is implied when we say that it has had a marvellous sale, and that the present is the eleventh edition. Three things have contributed to this popularity: it is of great intrinsic value; its merely nominal price brings it within the reach of every one; it is of American origin, although four editions have been sold in London, a rather unused thing. We heartily recommend it to the anatomical student for use in the dissecting room. Let it there exclude Gray, and all other more cumbersome works. Its adoption by our medical colleges as the sole text book and guide in the "anatomical theatre," would result, we believe, in students acquiring a more thorough and accurate knowledge of anatomy than is generally secured by use of the works in present use. We have also found the work of use to us, as a means of "rubbing up" on points upon which we were somewhat rusty.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK. By C. Henri Leonard, A. M., M. D., etc. Thirty-fourth thousand. The Illustrated Med. Journal Co., Detroit, 1882. Paper, 30 cents; cloth, 75 cents.

An excellent *vade-mecum* for the student or young practitioner.

LISTERINE.

THOSE who have made use of any of the well known ingredients of this preparation can hardly fail to appreciate and attest the value of them suitably combined. Here is what one eminent in the profession says concerning it:

"I make quite extensive use of listerine as a local antiseptic in general surgery. I regard the combination as clever for most uses where a cleansing agent is needed. I have employed the wash in dressing wounds of all kinds, in erysipelas, in chafings and abrasions, and small-pox eruptions, finding it highly satisfactory in all cases.

When prescribed for irritations following impure sexual intercourse, the results are markedly beneficial. Persons who take the risk of venereal contamination should have listerine at hand as an antidote. Prostitutes who properly use listerine impart no disease to their friends. These conclusions are based upon the evidence of both male and female. I gave listerine to several men who had balanitis (from impure congress) and they reported cures in a few days. I prescribed it for a woman whose husband said she had vaginitis almost always, and consequently refused sexual intercourse. Under its use locally, she soon became entirely well.

Added to its many efficient properties, listerine possesses an agreeable odor, and unlike carbolic acid or iodoform, its employment does not betray disease."

A. J. HOWE, M. D.

PROFESSOR OF SURGERY, ECLECTIC MEDICAL
INSTITUTE, CINCINNATI, O.

A CURIOUS HISTORY.

THE preparation known as Acid Phosphate, has been so generally accepted by nervous persons, and so widely sold, that a brief sketch of it is given. Ten years ago, Prof. Horsford produced Acid Phosphate of lime for use in his bread preparation, and for the cream of tartar substitute, of which great quantities have

been sold. The workmen employed in the manufacture of the bread preparation, discovered that the Acid Phosphate liquor made an agreeable drink when treated with sugar, and some who used it regularly, found themselves on the road to good health. The proprietors called the attention of a few physicians to the acid. They began to use it in their practice, sending to the works their demijohns and flasks to be filled as often as emptied. The reports of the physicians were so favorable, that the manufacturers gave the preparation more attention. The process was perfected and certain requisite combinations were made with the Acid Phosphate as previously prepared. The experience of physicians revealed what was necessary to be added, to adapt the remedy more perfectly to those diseases which it was designed to cure. The attention of the general public was not drawn to the Acid Phosphate until 1877. Previous to that time, the sales were confined to physicians' prescriptions. The amount sold is withheld by the manufacturers, but the increase in sales is shown by representing the sales in 1877 by the figure 1, the sales in 1878 by 2, the sales in 1879 by 8, the sales in 1880 by 20, in 1881 by 30.

MISCELLANY.

THE REMOVAL OF WARTS.—Chromic acid combined with an equal volume of water, is by far the best remedy for this purpose. The skin around each wart, is first protected by painting it with oil, the wart itself is then soaked with the chromic acid solution; this absorbs water from the tissues, at the same time coagulating and hardening the albuminous tissues, and the unsightly wart soon drops out.

TREATMENT OF VAGINITIS.—For the last two years M. Gouguenheim (*Four. de Med. de Paris*) has treated acute blennorrhagic vaginitis at the Lourcine by a method which has given him most favorable results, and which is exceedingly simple. It consists in placing in the vagina, with the aid of a small speculum, bags of variable sizes made of coarse muslin, and nearly filled with a powder composed of a mixture of nine parts of tannic acid. The bag is left *in situ* from twelve to eighteen hours, and is then withdrawn, while the patient is in a bath, by means of a cord attached to it, as an ordinary plug. After the withdrawal of the bag, the vagina is syringed out with warm water to facilitate the removal of the membrane that formed. After a few repetitions of this mode of treatment, twice a week, discharge ceases.

Dr. Gouguenheim says he has borrowed the idea of these bags from the practice of Madame Lachapelle.—*Dublin Journal of Medical Science*.

ATROPIA FOR EARACHE.—The most effectual treatment, and the one which has stood the test of years, says Dr. A. D. Williams, in the *Chemists' and Druggists' Bulletin*, is the local application of a solution of the sulphate of atropia. Not a single case but has yielded at once. The solution is to be simply dropped into the painful ear and allowed to remain there from ten to fifteen minutes. Then it is made to run out by turning the head over, then being wiped with a dry rag. The solution may be warmed to prevent a shock. From three to five drops should be used at a time. The strength of the solution must vary according to the age of the child. Under three years, one grain to the ounce, and over ten years, four grains to the ounce of water. In grown persons almost any strength may be used. All ages will bear a stronger solution in the ear than in the eye. The application should be repeated as often as may be necessary. Usually a few applications will stop the pain. In acute suppurative inflammation of the middle ear, and acute inflammation of the external meatus, atropia will only slightly palliate the suffering, but in the recurring nocturnal earaches of children it is practically a specific.

TREATMENT OF BUBO.—The *Revista de Ciencias Medicas* gives the following account of a case of bubo treated according to an Italian method: The chancroid at the end of several days had almost cicatrized, and the bubo presented fluctuation. The patient was placed in the dorsal decubitus, with the extremities semiflexed. The tumor was grasped at its base and pressure exercised. With a straight bistoury of narrow blade a puncture was practised at the highest point. The instrument being withdrawn and the pressure still kept up, the contents of the abscess were evacuated *ad maximum*. A solution of cupric sulphate (30 ctgrs. to 30 grammes) was then injected in sufficient quantity to cause the abscess to regain its primitive size. After two minutes the liquid was allowed to escape and a graduated compress applied. An inguinal bandage was adjusted to keep up moderate compressure. On the following day there was slight tumefaction without pain, and the edges of the incision had united. Four days later the small wound had cicatrized without pain or increase of volume. Compression was then suspended and the patient discharged.—*Medical Record*.

CORRECTION.—In the fifth line from the bottom, on page 545, the words “*and the cap secured,*” should be omitted. The Bower and Nicholson traps are also excellent.

M. G.

MASSACHUSETTS
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No. 12.

ORIGINAL COMMUNICATIONS.

ZYMOSIS. (*Concluded.*)

BY G. HERMANN MERKEL, M. D.

Billroth's Classification.—Billroth in his treatise on *Cacobacteria Septica*, arranges these low organisms into classes, and under the generic name of Algæ, combines the various Algæ, Fungi and Infusoria, bearing the designations of Monas, Corpusculum, Microspore, Septicum, Zooglea, Vibrio, Micrococcus, Bacterium, Leptothrix, Palmella, etc. According to Hollier, the fungi of every description are derived from micrococci in various pathological processes; and Kaster asserts positively that these micrococci are produced from plasma of every cellular organism, both vegetable and animal.

Billroth declares that he has seen in putrid organic matter of every kind numerous traces of these globular formations or cocci, united by a slimy substance called GLIO; and he accordingly distinguishes them by the designation of *Gliococcal forms*, and he arranged them into classes in the order of their size, calling them *micrococci*, *maorococi* and *megacoci*. He has done the same in regard to bacteria, designating them as *microbacteria*, *macrobacteria* and *megabacteria*. The mode of propagation was usually by divided or single cells. When they assume the chain-like form they are respectively denominated *streptococi* and *streptobacteria*. When they unite in a star-shaped structure and form a membranous mass by means of the slimy substance, they are named *petalococi* and *petalobacteria*; and if divided

by a mucilaginous capsule, they are known as *gliococci* and *gliobacteria*. If again these capsules are formed around groups or clusters of cocci or bacteria, they are termed *ascococci* and *ascobacteria*. When the surrounding organisms press unduly upon these capsules they burst and the micrococci and bacteria escape.

Bacteria are occasionally found attached at their bases to fat globule-like formations, which are perceived under the microscope to be spores which are carried by the atmosphere, either air-spores or the perennial growths known as *helobacteria*. These propagate even after a considerable period has passed—in liquids by division, and in solids by multiplication.

Denial by Liebig and Hoppe.—Both Liebig and Hoppe deny emphatically that these forms of parasitic growth are the promoters of diseased conditions. They cite the fact that these organisms are frequently found in healthy wine. Nevertheless, let us consider the circumstance that the secretions and excretions of pyæmic patients, and putrid as well as healthy pus, abound with bacteria. Is it not evidence that they are to be regarded as an active element in producing pyæmia and enhancing the degree of fever?

The Chemical Change Induced by Fermentation.—We have now reviewed the more important of the cellulose ferments known to microscopists and medical practitioners, which consist of minute organisms known to be the propagators or carriers of septic and zymotic principles. It now devolves to set forth the specific chemical change produced by the process of fermentation and the results effected by these organisms in the fluids and solids of the body. We may infer with good reason that their constant development cannot but exercise a pernicious influence upon the higher organisms and functions, and deteriorate the various elements of the corporeal structure. The food will be rendered unsuitable for nourishment by impairment of the nutritive principles, and its assimilation more or less interfered with. It will be transmitted instead by fermentation into an unwholesome mass which will itself constitute a source of trouble.

This fact is demonstrated very clearly in diphtheria, as well as also in the *rust* in rye, maize, wheat, potatoes, and other plants. Although the complaint known as varicella is named first among the acute infectious disorders, its etiology and pathology show that its existence is due to a poisonous germ present under local influences and in the physical condition of the patient. It is not regarded as a grave disease, but it may very properly be considered, on account of its contagious character, as a preparatory or incubating stage for the more virulent poisonings of scarlatina,

measles, small-pox, etc. It only reproduces its own specific infection, but may become the precursor, by reason of neglect, uncleanness or other accident, to eczematous or ulcerative processes.

Measles, for more than four centuries have had a conspicuous place in hospital reports and death-rolls, as one of the most mortal of infectious diseases. Its contagium is communicated by the touch, clothing, inhalation of the infectious effluvia, inoculation, or personal contact of any kind. The nature and constitution of the virus has not been precisely ascertained; we know, however, that the blood and secretions of the patients swarm with micrococci, with a candate extremity, in active motion, without color, and of smaller dimensions than those found in typhus. When these microderms are placed under cultivation, they produce invariably the same fungus, *mucor mercedo verus teres*. They retain their vitality for days, weeks and even months. Even after having remained latent for a long period, they will suddenly revive again, especially where there are large assemblages of children, as in schools, asylums, and tenement-houses in cities. Individuals of all ages, races and sexes appear to be equally susceptible to attack. The mucous membrane is specially affected, and the exanthem peculiar to the disease is frequently aggravated by the outbreak of erythema, lichen, herpes facialis, and other cutaneous eruptions which take place at the same time and continue long after it has run its career.

Rubeola, or "German measles," is a specific, well-defined affection, incident to childhood; and is by no means so virulent nor liable to sequelæ as its more prevalent namesake. In both the complaints the patient may have a recurrence.

Scarlatina has been noticed by authors even since the beginning of the seventeenth century. Hallier states that the patient's blood contains micrococci, in the corpuscles or on the surface, in great abundance, either single or in colonies; also in short chain-like groups and germinating. Pointed and rod-like bodies, bacteria and bacteridiæ, active and rapidly oscillating, are also found, which appeared when magnified 500 diameters as dark spots like pin-heads between the groups of blood-corpuscles. Patients with open ulcers or contused wounds are especially susceptible to their invasion, and in consequence of the attack of scarlet fever in its severest form. The great peril in this disease consists in the liability of the patient to relapse. It then assumes the type of *relapsing fever* and is generally fatal. Indeed, scarlatina is itself a constitutional and general poisoning of the blood; and the patient is liable in consequence to sequelæ that frequently become chronic.

Small-pox has been for two thousand years the scourge of every country. No age is exempt from its attack, though the liability decreases with mature life. The negro race suffer more severely than whites. Even unborn children are not exempted, but have contracted the disease, and gone through with the various stages, even to death itself. It is characteristic of this complaint that the patient enjoys immunity from measles, typhoid or any other acute infection, during the attack; also that an individual suffering from any of those diseases is, for the time, exempt from small-pox. The liability to communicate the contagion appears to be about the same during every period, and even after death. The sequelæ, and the incidental cutaneous eruptions as well as hyperæmia of the brain, which often accompany small-pox, are especially to be feared. When it is combined with *Purpura variolosa*, or malignant small-pox, there is usually a fatal termination.

Erysipelas, or St. Anthony's Fire, is specially dependent on zymosis and the consequent invasion of parasitic organisms. Pyæmic infection, glanders and similar fungous growths are concomitants, or products of the morbid condition. The involvement of the liver, kidneys, mucous surfaces, and of the secernent and excretory functions, render the patient peculiarly susceptible to morbid processes. Pyæmia and septicæmia, gangrene of the skin, and other affections are likely to take place, and old eczemas, serpiginous ulcers, etc., to become again active.

Miliary Fever cannot be regarded as contagious, though communicable by sympathetic action and personal susceptibility. Its chief danger consists in the liability to result in strangury and uræmia. It appears to be occasioned by privation, prolonged exhaustion, mental and physical excitement; since it appears when there are severe atmospheric disturbances, wars and social revolutions. This is the "sweating sickness" which appeared as an epidemic in England immediately after the battle of Bosworth in 1486, which resulted in the overthrow and death of the unfortunate Richard III.

The *Dangue*, or dandy fever, is a disease of tropical climates, often the companion or precursor of yellow fever. It resembles articular rheumatism, and hence the blood should be critically examined.

Influenza appears to sustain no special relation to atmospheric or local sanitary conditions. Its intimate connection with the mucous membranes, catarrhal character, the great nervous and muscular prostration, and the peculiar susceptibility of the patient to other malignant influences happening to prevail, are its principal characteristics. Relapses occur frequently, and special care is necessary to keep off low fevers of various kinds.

Hay Fever is a form of influenza, incident to the season of the year and local circumstances. The specific poison is present in agricultural districts and appears to be derived from the pollen of grasses and the bloom of certain plants. The influences causing it and its period of recurrence can be traced with an exactitude common to few diseases.

Malarial affections, as it is fashionable to call them, have been known since the memory of man. They appear always in the form of intermittent fever. They exist in all parts of the torrid and temperate zones, and exhibit a peculiar malignity everywhere except in the northern and middle states of this country. The specific poison is always identical whether found in Europe or Timbucto, and the disease varies only in its degrees of intensity and local symptoms. The personal habits of the patient and his bodily condition at the time of attack modify its severity. The poison is communicable only by the air and local surroundings.

Cholera and *Intermittens Hydrophobica* of which hæmorrhage from the stomach and bowels is the most alarming symptom, are properly to be included under the more malignant forms of malarial infection.

Cerebro-spinal Meningitis, though generally included among acute infectious disorders, is only infectious and epidemic from the sympathetic action of the cerebral organism, under the influence of malignant fevers and constitutional maladies, and from a tendency to cerebral disturbance. Nervous and muscular prostration and a period of continuous severe agony promote its development. External circumstances and social conditions have much to do with the epidemic visitations, which have been more frequent in poor-houses, and in districts densely populated, and among the slaves of the southern states. It is not settled whether the noxious principle is a poison or a contagium. Our observation indicates that it is a morbid germ of an hereditary or constitutional character that undergoes a certain development during the process of some other acute disease, like diphtheria or relapsing fever. During this, a parasitic agent gains access to the soft investing membranes of the brain and the nervous centres, and there excites exudative inflammation. The disease is accompanied by cutaneous eruptions, chiefly about the head and face, affection of the spinal column, hyperæmia and œdema of the lungs, etc., and finally by convulsions and paralysis.

Hydrocephalus is an hereditary and congenital malady, in which the *acephalocystis multifida* abound more or less, as in other disorders involving the brain and spinal-cord. The disease is, however, attended by so much obscurity and conjecture as to justify no positive conclusions in regard to the specific virus.

Typhoid Fever is a miasmatic contagious affection. The poison is derived from external sources and acts upon the morbid secretions of the body, producing a low intermittent fever, by which the nervous and muscular systems are prostrated, nutrition perverted, and the recuperative power annihilated. The excremental matter is the vehicle, both of typhoid and cholera poison. There are frequent relapses; and there exists a constant tendency to collapse from the weakness of the heart's action. The functions of the brain are suspended, and in fatal cases there is a paralysis of the medulla oblongata. In typhoid fever the disease originates in the intestinal tract where the poison is generated, and being taken into the juices of the body, contaminates the entire system. In dysentery and cholera, it is confined almost entirely to its original seat and its duration and event are controlled by the condition of the intestines.

Gastric and Mucous Fevers are mild forms of typhoid; and their principal dangers consist in the liability to perforation of the intestine, bed-sores, anæmia and inanition, and the tendency of latent constitutional complaints to renew their activity.

Relapsing Fever and *Bilious Typhoid* were first noticed by Rutty, in 1741. Its protozoic origin is now regarded as firmly established. The bacteria are never absent during any period of the attack, but they diminish rapidly as it passes its height. Their form is spiral; their movements serpentine and rapid, but becoming slower as the blood cools and begins to clot. When the serum alone is examined, the filaments may be perceived lying embedded in a fine granular albuminoid substance. We consequently find micrococci thrombi like those occurring in severe cases of puerperal infection.

Petechial Typhus was mentioned by Fracastoro in 1501. It seems to have originated in Ireland, but it has been found in large cities all over the globe for the last two centuries. Typhus propagates itself by means of a specific fungus produced by the local conditions of soil and atmosphere. It is more prevalent among the poor owing to imperfect hygienic and sanitary conditions.

Cholera is originated by zymotic conditions like those producing typhus and intermittent fever. The characteristic fungi are of the same type, the protomycetes; but are probably of the rounded form. "English Cholera" is produced by the common parasites engendered in putrified or decomposed morbid secretions or deposits. The Indian and Asiatic forms are the product of a specific germ now acclimated. The fungi are of the same species as in English cholera, and their greater malignity is doubtless to be imputed to the poisonous character of the vegetation producing the infection.

The *Plague* is characterized by the swelling of the lymphatic glands, and the formation of buboes filled with ichorous pus. It has been considered for ages the prototype of contagions; and indeed, it is probable that in earlier periods, cholera, small-pox, syphilis and other forms of pestilence bore the same designation. From the sixth century till the present time it has been known as the "Bubo Plague." It is communicated only by continuous transmission and not directly from one individual to another. In its peculiar semeiology it combines the more important symptoms of typhus gravior and malignant cholera. The poison is probably identical; but so far it has eluded chemical and microscopic investigation. Whatever it may be, it is instantaneously absorbed by the skin, blood and tissues, completely altering their composition and revolutionizing their condition. It will remain latent for years and then break out with extraordinary violence. About two-thirds of the cases prove fatal under the common methods.

Yellow Fever is supposed to have originated in the Antilles. Its existence appears to be dependent upon certain climatic, atmospheric, telluric and sanitary conditions. It is indigenous in seaports and flat grounds of the southern regions of the North American Continent. The same causes produce it there which occasion intermittent and relapsing fever. The white races are especially susceptible, while negroes enjoy almost universal immunity from its attack. Native residents of adult age are far less liable than those from abroad; the change of climate, local sanitary and atmospheric conditions, rendering the latter peculiarly sensitive. The cause of the disease is evidently a virulent poison unknown to other localities. It acts on the abdominal organs and the mucous membrane of the stomach.

Dysentery is chiefly to be noticed as the sequel to intermittent and infectious fevers. In India and other tropical countries it assumes a malignant form. Nevertheless the specific poison is not due to heat alone, but to local causes, unwholesome food and miasma.

Diphtheria is one of the oldest epidemic diseases known. It is violently contagious, and the membranous exudation, which actually constitutes the poison, is so offensively fetid that the patients are unable to endure it. Hueter and Ortel have demonstrated the poison to consist of bacteria or micrococci, existing at the point of disease. There are several species of these; the sphero-bacteria, microbacteria, spirobacteria and unclassified forms chiefly of the tornlar character. The severity of an attack is to be judged from the micrococcal mass. Septicæmia and true gangrene are by no means uncommon sequelæ. One fact is specially demonstrated; that bacteria are at once the cause and

product of the disease, and without them diphtheria does not and cannot exist.

The syphilitic eruption is polymorphous in character and specially distinguished by the absence of itching. The peculiarities are circumscribed hyperæmia, muscular syphilide roseola, marked infiltration of the papillary body, papular syphilide, psoriasis palmaris and plantaris. Squamous syphilide appear in large patches; and on the mucous membranes, condylomata, a highly infectious secretion. The special implications of the hair and sebaceous follicles are simple infiltration, Lichen syphiliticus, acute suppuration, acute syphilitica, exudation with small groups of follicles, impetigo syphiliticum, infiltration with subepithelial suppuration and superficial ulceration, pustula syphilis, varicella syphilitica, pemphigus syphiliticus, ecthyma syphilitica, rupia and tubercular syphilide or lupus syphiliticus.

Glanders is an infectious disease confined chiefly to horses and those attending upon them. The virus is communicated by touch and accidental inoculation; and when it enters through a scratch or wound, the part becomes painful, discolored, inflamed and swollen. Pustules and phlymonous ulcers are rapidly formed, and extend to the bones and tendons, finally spreading over the entire body. The nose is usually the first part attacked, and has a discharge peculiarly offensive. The general symptoms resemble those of pyæmia. Of the acute cases, those infected by the volatile poison nearly all die; of the chronic, those infested by the fixed contagion, about one-half recover.

Anthrax is not known to appear spontaneously on man or beast; and man always contracts it from a diseased animal. Butchers, slaughterers, shepherds, husbandmen, veterinarians, dressers of hides and manufacturers of leather, wool, etc., are therefore more liable. Another prolific source of infection is the eating of the flesh milk or butter from a diseased animal. To this we must trace all instances of aggravated blood-poisoning and symptomatic malignant carbuncle. They proceed from the anthracic bacteria and mycoris intestinalis. These are taken in with the food, and the part of the fungus which is not destroyed by the gastric juice, settles upon some place in the intestinal canal, and disseminates the poison. The blood exhibits more or less leucocythæmia, and the corpuscles are often granular, owing to the presence of the spherical bacteria. The uncovered parts of the body are more commonly attacked. It is found invariably whenever and wherever the rages enzootically or epizootically.

The bacteria of anthrax depend upon oxygen for their development. They cannot otherwise exist. They belong to the group of filamentous bacteria, called *desmiobacteria*, and to the bacilli,

(*vibrio subtilis*). They are straight, cylindrical, rod-like parasites, of pale color, not branching, and motionless. Besides these, there are also the spherical bacteria. A single drop of anthracic blood contains from eight to ten millions of these parasites. They may be preserved in their most intense virulence by desiccation; but decay destroys them rapidly. The symptoms of anthrax resemble those of glanders, and extend over ten or twelve days. The most frequent sequelæ are gangrene, secondary septicæmia, sloughing and extreme collapse. Few patients ever recover.

Hydrophobia is occasioned by inoculation, the poison of a rabid animal being absorbed through an abrasion of the skin or mucous membrane. Professor Klebs examining the hydrophobic cadaver under the microscope, found in the lymphatic and particularly in the submaxillary glands a deposit of finely granular, strongly-refractive corpuscles of a brownish hue, packed closely together in clusters; sometimes in the form of a long chain, and at other points branching out so as to form large star-shaped figures, following the course of the blood-vessels. It was his opinion that these corpuscles will be found to be the vehicles of the specific poison.

The *Aphtha Epizootiche*, or foot and mouth disease, is an acute infectious disorder, probably identical with the "Epizootic." It is communicated to human individuals in two ways; by the use of unboiled milk from a diseased animal, and by inoculation of a wound or sore with the poison from the vesicular eruption on the udder of the animal, or the absorption of saliva. Children and dairy maids are the principal victims; it is often fatal with the former, but rarely fatal with adults. The symptoms are ulcerative stomatitis and sometimes glossitis; and especially disordered digestion and gastro-intestinal catarrh.

Summary.—In the diseases which have been mentioned as having a zymotic origin, there is naturally an excess of urea, chloride, etc. It is a mistake, however, to attribute the disordered condition to this fact, as many do; as it is evidently the poisonous germ or megacoccus which disseminates the poison.

In all cases of blood-poisoning, or disease occasioned by the diffusion of poisonous virus, the only effectual remedy is *disinfection*. Simple deodorizing will not answer. It is necessary to arrest the progress of fermentation, to destroy its active principle, and to restore the organism to its normal condition by removing the source of mischief.

In order to do this, the specific character of the noxious agent must be known and likewise the proper antidote. Cold only checks the process of ferment and the production of bacteria;

freezing itself will not kill them. No organic germ can resist red heat:—some perish on exposure to sunlight and are partially deprived of power by electricity; but the only certain remedy is their complete extinction.

As, however, prevention is better than cure, and amelioration is preferable to actual neglect, a few suggestions are pertinent:

1. The regular and frequent watering of streets prevents the transportation of disease-germs, by laying the dust.

2. Free ozone and the light reducible oxygen compounds are directly antagonistic to these organisms. Steam, compressed air, rarefied air, and chemical reagents are sad failures in this respect. The direct rays of the sun favor the production of ozone and so promote this end. If a stream of ozone, or concentrated ozonized fluid is brought into contact with morbid or fermenting matter, it will speedily become clear and free from putrefactive or fermentive elements.

3. Chlorine and the bromides stand in close relations with ozone. Iodine and iodoform, particularly the latter, are also active antiseptics. Septicæmia, cutaneous diseases and other morbid affections are effectually remedied by them.

4. Ozone water is prepared in three forms, namely: The *concentrated* for medical purposes only; the *simple* as a disinfectant in sick-rooms, etc.; and the *dietetic* as a beverage, an alterative, and a prophylactic. The latter is an agreeable substitute for soda and seidlitz waters. These preparations have the approval of the Society of Medical Etiology, and the Society for the Investigation and Annihilation of Morbid and Disease-Producing Matter—both of Berlin.

5. The sensitiveness of fermentative organisms to acids and alkalis vary according to the nature of the poison and the condition of the patient. Electricity is useful only as it sets acids and alkalis free from the neutral salts.

Antiseptics and Antizymotics.—The following is a list of valuable antiseptic and antizymotic agents:

Boracic acid in solution; also the soluble boracic salts.

Oxide and chloride of iron; also the chlorides of zinc and manganese.

Neutral salts: as table salt, etc.

The salts of copper, lead and mercury are powerful remedies for blight in wheat and other crops.

Some disinfectants are most effective in the gaseous form, penetrating porous substances the more readily: as sulphur acid, chloride and bromide compounds.

Flowers of sulphur as a fumigator, or in the powdered form are specially destructive of mould and fungous organisms. The various compounds of sulphur are also antiseptic.

Several organic combinations are likewise very useful; as the dry distillations of wood and coal,—creosote, phenol and carbolic acid. Thymol is very agreeable on account of its aromatic odor. Salicylic acid is comparatively useless.

The most effective purifying agents are acetic acid and its salts, pyroligneous acid combined with creosote, oil of turpentine and petroleum. The etherical oils retain oxygen and produce ozone; but can only be used to advantage therapeutically, owing to their costliness and the danger in inexperienced hands.

In fine, little good will be derived from antiseptics and antizymotics except care is also taken to guard against injury from unwholesome and indigestible food, and from impure and poisonous drinking water. The utmost care and cleanliness should be exercised in regard to clothing and bed linen, and also to all household articles for domestic use.

SANITARY HOUSE-DRAINAGE.

BY MILBREY GREEN, M. D.

EVERY year Boards of Health and Health Officers throughout the country report a large number of cases of typhoid fever, diphtheria and other zymotic diseases, traced directly to bad house-drainage. During the past three months there has been an unusual amount of typhoid fever in Boston, and many cases have been traced to this cause.

Every year we hear of instances where, owing to faulty plumbing—neglect of proper trapping, or the use of imperfectly constructed or porous traps—the deadly miasma from sewers, and waste and soil pipes, has impregnated the air, food and drink of households, and infected the clothes, furniture, carpets, and even the walls, and swept away nearly entire families. We have seen that houses impregnated with the miasma from sewers and soil pipes are more dangerous than those infected by small-pox, and more difficult to render safe.

Bad house-drainage is frequently the result of ignorance, cupidity and a mistaken sense of economy. There are many plumbers who have little or no knowledge of hydrostatics and mechanics, but are employed by builders equally ignorant, because they work cheap. Of the plumbers who thoroughly understand their business some fail to do their work well because they take their contracts so low they can make no profit if they use first-class materials and employ skillful workmen. A large proportion of men who build houses to lease or sell care very little how the plumbing is done, provided their walls and ceilings are not

stained by leakage from pipes and tanks, or their houses rendered uninhabitable by strong odors from water-closets and sewers. They give the plumbing work to the lowest bidders, and as they pay only for cheap work they are quite sure to get it. Plumbers do not claim to be more honest than other mechanics, and cannot be expected to give better material and better work than they are paid to furnish. In order to meet competitive bidding they cipher close and economize in every possible way, and use as cheap material as the often loosely drawn contract allows, and employ the cheapest workmen they can find. Under such circumstances competent plumbers neglect many precautions in properly trapping, and other details, they know are essential to health, when they would have done differently had they been paid for first-class work. The same thing sometimes occurs in houses built by men for their own residence, where a mistaken sense of economy leads them to contract for cheap plumbing while they spend money freely for external and internal ornamentation.

Much of the evil resulting from the cupidity, dishonesty and ignorance of plumbers and builders might be abated by a proper regulation of house-drainage by law. In almost every city there are ordinances regulating the construction of buildings, prescribing the size of timber, thickness of walls, and other details, so that no unsafe buildings shall be constructed, and carpenters are obliged to conform to these regulations, or lay themselves liable to a fine. We hear no complaint of this being an unjust law, and no one can deny that a city has as much right to prescribe how the plumbing of a building shall be done as the carpenter work. House-drainage, as well as the work of connecting houses with sewers and water supplies, ought to be regulated by law. The danger from shabby buildings is often apparent to ordinary observers, but the evil results of poor plumbing and defective drainage are often unsuspected until sickness, and sometimes death, makes them manifest.

Massachusetts, in 1877, enacted a law authorizing Boards of Health "to prepare and enforce, in their respective cities, such regulations as they may deem necessary for the safety and health of the people with reference to house-drainage and its connection with public sewers, where such connections is made." This enactment was subject to acceptance by a majority of the legal voters of the several cities of Massachusetts, present at a meeting called for the purpose of acting thereon. In 1881 this act was amended in regard to sewer connection.

Under this Act the Board of Health of Cambridge, in 1881, adopted certain regulations in relation to the construction of

house-drainage, embracing directions for materials to be used, grades, traps, ventilation, workmanship, etc., and the city ordinances were amended in accordance with these regulations, and there has been no difficulty in enforcing them. Two other cities have followed the example of Cambridge, and it is to be hoped that every Board of Health in the State will soon do so. The Municipal Assembly of St. Louis, in January, 1880, passed an ordinance to regulate the construction of house-drains, and I have been informed by the Chairman of the Board of Health, and several prominent physicians there, that the ordinance has worked well.

Boston will soon have completed the best system of sewers in the United States, but unless some good system of house-drainage is adopted and enforced, the death rate from zymotic diseases will still continue high.

The last Annual Report of the Massachusetts State Board of Health, Lunacy and Charity contains some excellent suggestions in regard to house-drainage. They are the result of much study and research, and until something better is proposed much good will result if they are followed by builders throughout the country :

“(a) All drain-pipes inside the house should be of metal, and all joints of well-calked lead or solder. Metal is recommended in preference to stoneware, owing to the difficulty in keeping tight the joints of the latter. All connections between lead and iron should be by a calked brass nipple and solder. It is best to keep drain-pipes in sight, or at least of easy access. They should never be *hidden* under the ground. If needed below the basement or cellar floor, they should be placed in a trench lined with brick walls, with movable covers on the trench. It is a good plan to paint the pipes white, so that any slight leakage of gas may be seen readily; for such gas generally discolours the paint.

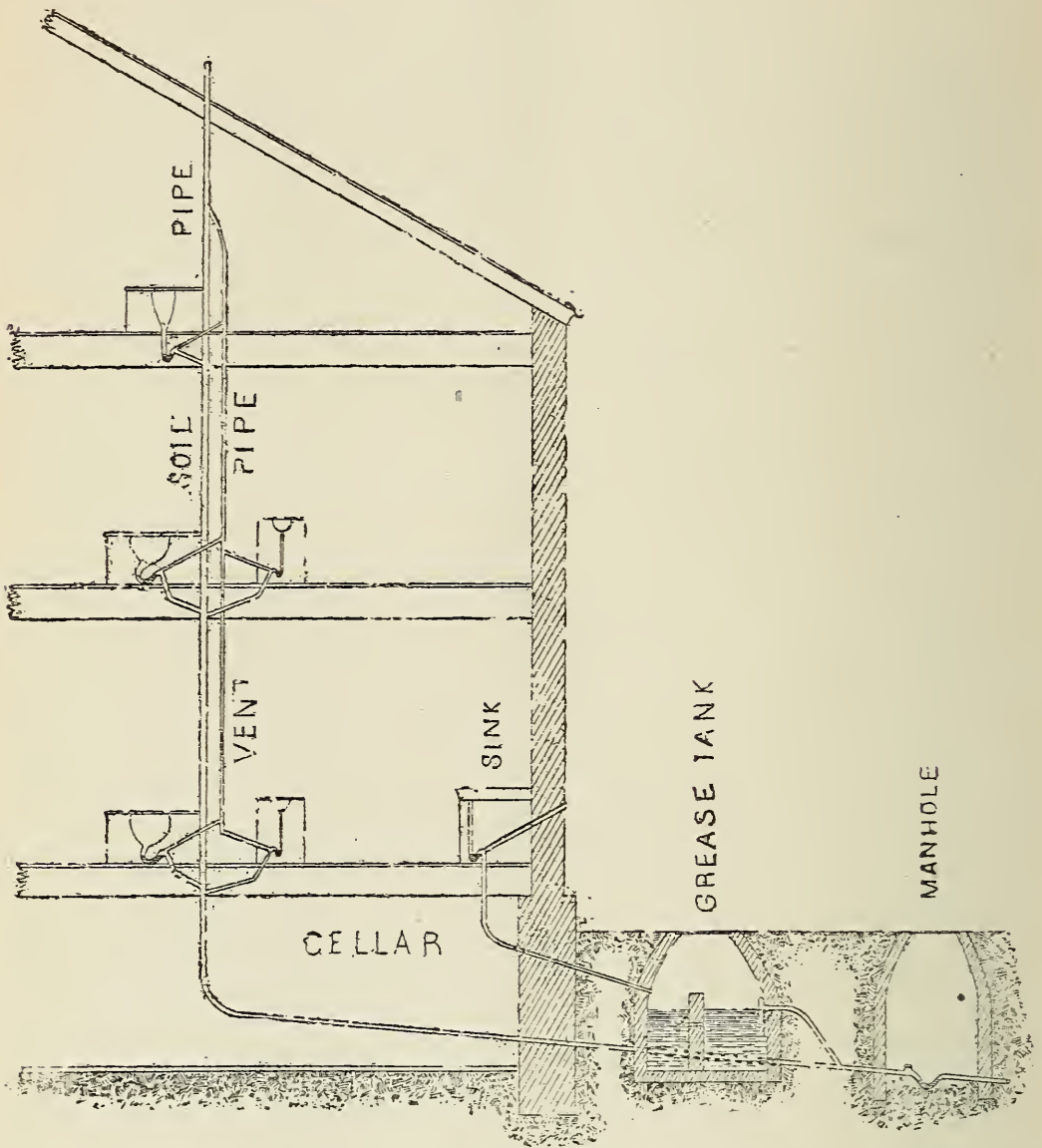
(b) Changes of direction in iron pipes should be made mostly by Y-branches, leaving an open hub, to be closed by a brass nipple calked in with a movable brass clearing-screw as large as the drain, to be removed for inspection and cleaning. In straight reaches of fifty feet or more in length, these Y-branches and clearing-holes should be introduced at intervals of not over forty feet.

(c) No T-branches should be allowed, except in vertical pipes.

(d) All pipes should be put together by a series of straight lines, and with a general direction as straight as possible.

(e) All pipes should have a fall of not less than two per cent. of their length, where no special apparatus is provided for flushing. All drains should be kept free from deposit; and, if this

cannot be effected without flushing, special apparatus should be applied for this purpose.



(f) A trap should be placed on the main drain outside the house-walls, made of glazed earthenware, with a vent-hole as large as the pipe directly above the trap, communicating with the open air (as shown in the cut). This should be made accessible for cleaning out, and a rain-spout had best be discharged into it or into the drain at some point above it. This trap should be near the house, and can be alongside the grease-tank, if convenient.

(g) Every separate stack of soil or waste pipe within the house should extend out through the roof, at least four inches in diameter: smaller pipes than this are liable to be choked with ice from condensation of steam in winter.

(*h*) Separate traps should be placed under all receptacles of drainage, as close to them as possible, and no other traps allowed to intervene between these and the outside or main trap described above (*f*). Each one of these separate traps should have an air-pipe of iron or lead connected just below the water-seal, as large as the waste-pipe, and either connecting at its upper end with the soil-pipe above all other branches, or passing through the roof independently, as found most convenient. Several traps can be served by the same vertical line of vent-pipe, as shown in the cut.

(*i*) No drain-pipe from any safe-pan under any tub, sink, bowl, or water-closet, should be connected below to the drain system, but should discharge over an open sink or cellar floor.

(*j*) No waste-pipe from an ice-chest or refrigerator should be connected with the drains.

(*k*) Rain-water leaders should not be used as soil or drain pipes, nor should they be depended on to ventilate drains. If connected with the drains at all, care should be taken to so connect them below the water of some trap, otherwise supplied with water, unless their upper ends are remote from windows.

(*l*) A tank or small cistern should be provided in the upper part of the house, from which the kitchen boiler should be supplied, together with the bowls and sinks; also any water-closets that happen to be close by. The drinking-water should not be drawn from this tank, but from a separate tap on the supply-pipe direct from the street main. The overflow of this tank should not be connected with any drain, but discharge as directed for safe drains above (*i*). It is common in mild climates to discharge such pipes through the house-wall into the open air; but this plan would be worthless in frosty climates.

(*m*) All water-closets should be supplied by a small tank directly above them, and not by valves attached to the closets themselves, nor by pipes branched from those from which drinking-water is drawn.

(*n*) Concentrate the fixtures used for drainage—such as water-closets, bowls, sinks, tubs, etc.—as nearly as possible in vertical groups, to avoid waste-pipes passing across under floors, which are rarely satisfactory.

(*o*) Never locate a fixture, especially a water-closet, in a dark corner where a good ventilation cannot be had. If outer air cannot be got, seek to draw off the foul air from the closet by a pipe leading up through the kitchen-fire flue to the chimney-top, built into the chimney for the purpose, at least four inches in diameter. Small pipes branched into the fire-flues for this purpose soon get choked with soot at their mouths, and become worthless, unless extending quite to the top of the chimney."

After securing as good house-drainage as possible, it is necessary to see that it is kept in order. Everyone knows that even the best constructed houses need occasional repairs, as well as the heating apparatus and everything connected with them. No means have yet been found to render houses perfectly secure from sewer gas, and only by vigilance in maintaining as good plumbing as possible can comparative safety be expected.

C. F. Wingate, an expert in sanitary engineering, says: "It must always be remembered that no plumber's work, however complete it may be at first, can be relied upon to remain perfect. The best plumbing will not last forever, but needs attention. . . .

Leaks may occur to permit the admission of sewer gas from drain-pipes due to defective castings, or to walls settling in houses built on made ground, or from the strain of the alternate expansion and contraction from hot water, or even from the forcing of lead joints by the pressure of steam discharged from manufactories into the public sewer.

A no less serious evil is the corrosion of lead traps or lead waste-pipes, particularly in old houses which have unventilated drains. This may be caused by the action of sewer-gas, or from the use of certain popular disinfecting fluids. Lengths of pipe have been found completely honey-combed in this way. As such corrosions usually occur on the upper side of traps, or horizontal pipes, it is not easy to detect their presence, from the absence of leakage, and the only safeguard is to avoid carrying waste or soil pipes horizontally; also, to extend their upper ends through the roof, and leave them open for ventilation. Lastly, to substitute iron pipes for lead wherever possible, which is now the general rule in all good plumbing practice.

Corrosion sometimes occurs at the joints of lead pipes, contiguous to the line of solder, and is attributed to galvanic action created by the contact of the zinc and lead; but as these openings are apt to leak they are more liable to discovery. It is a good plan to overhaul all plumbing periodically—say every year or two—to guard against accidents.

And here it should be remarked that *sewer-gas is created not in the sewers alone*; but every inch of waste-pipe in a house, even though used to convey nothing but soapy water or the waste of melted ice from a refrigerator, can, and commonly does, produce foul gases. The worst odors are from just such sources, and they are certainly unwholesome."

The danger from defective house-drainage, where there are cesspools and privy-vaults, is scarcely less than where there are sewer connections, and yet, as a general rule, much less attention is given to it, especially in regard to trapping. A prominent

physician, in one of our neighboring cities, writing of the condition of houses in that city, where cesspools are used, says:

“House-drains are seldom either trapped or ventilated. The ordinary dwellings have no traps to their kitchen-sink waste-pipes. . . . It is the usual custom to trap the soil pipe with a half or full S bend, and then connect with this, without separate traps, the waste-pipes of bath-tubs and wash-bowls on the same floor of the house.” Late reports show that this state of affairs still exists to some extent, in every community.

A distinguished sanitary engineer, after speaking of the evils resulting from cesspools, said: “But cesspools, in the absence of sewers, become a necessity. Large numbers of our people are driven by the increase of population to live on quarter-acre lots; and even smaller ones, with their old privy-vaults, cesspools and wells for drinking-water, within one or two rods of one another.” This picture is true, not only of villages and small cities where there are no sewers, but also of sections of every city in New England where sewers have been constructed.

We know this to be the case among some of the finest residences of Cambridge, Roxbury, Dorchester and various districts of Boston, as well as among tenement houses. Within a week a physician in Cambridge reported his attending several members of one family where the sickness was produced by just such a condition of their premises as that above described—the privy-vault, cesspool and well being in juxtaposition. The same physician reported a case of typhoid fever in a fine residence on one of the best streets in that city, where a cesspool and privy-vault were the cause of the disease. Many cases of this kind might be cited from the reports of physicians in all the cities mentioned, but as such experiences are common throughout the country it is unnecessary.

Before closing I wish to call attention to a condition of many city houses that are left vacant every summer, where ordinary traps are used. The traps become dry and unsealed long before the summer is over, and the sewer-gas pervades the houses, infecting bedding, carpets, furniture, and sometimes the walls. This has frequently been the cause of sickness in families within a few weeks after their return from seashore or mountain summer resorts. One of the best safeguard against this evil is the Cudell trap, in which the pipe is closed by a ball, and the cap secured in such a way that it cannot become unsealed, although the water in the trap may evaporate, when the pipe is left long unused.

In regard to the term “sewer-gas,” about which there has been much dispute, I think the definition given by Dr. F. H. Hamil-

ton is a good one. He says: "What has been called 'sewer-gas' is composed of air, vapor, and gases in constantly varying proportions, together with living germs—vegetable and animal—and minute particles of putrescent matter. In short, it is composed of whatever is sufficiently volatile or buoyant to float in the atmosphere, and in consequence of which buoyancy it is permitted to escape through the various sewer outlets."

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.
(AMERICAN AND FOREIGN.)

*BOSTON DISTRICT ECLECTIC MEDICAL
SOCIETY.*

STATED meeting November 14th. The Vice-President, J. D. Young, M. D., in the Chair. Dr. P. E. Howes read a paper on "Peritonitis," in which he discussed the general aspects of the disease and its causes, symptoms, varieties, diagnosis and treatment. His paper will be published in a future number of the JOURNAL.

DR. NEWTON said he was much pleased with the essay. In addition to what the essayist had said, he believed Quinine was a very valuable agent in cases of the asthenic form. Sulpho-Carbolate and Bi-Sulphite of Sodium were also recommended by him in cases where there was septicæmia. In the early stages, where the bowels were extremely tender, he had obtained very marked advantage from the use of a liniment composed principally of Tr. Opii; occasionally he combined Aconite and Chloroform with it. The method of using it was to wring out a flannel in the liniment and spread on the abdomen, over which a dry flannel should be placed, a piece of oil silk being laid over them. In those cases that could not endure the application of the liniment he found that by anointing the abdomen with oil first he could afterwards apply the liniment. He would not advise cathartics unless he was absolutely sure there was material in the intestines that needed to be got rid of, and even then enemas were preferable to cathartics. In those cases where Quinine could not be tolerated by the patient he had met with marked success by using the *Gentiana Quinquiflora*, and cited several cases to sustain this treatment, in one of which the temperature had remained very high for three days.

DR. GERALD said that in his reading in various medical journals it seemed to him there was too great tendency to the use of

quinine; he only gave it in those cases where there was marked periodicity. As an external application he had found nothing better than spirits of turpentine combined with hot water, in the proportion of one part of the former to ten of the latter. He had also substituted strong alcohol for water, and added to it one tablespoonful of tr. opii. He advised the use of vaginal injections of chlorate of potash in puerperal peritonitis, where there was any indication of septicæmia. He prescribed the sedatives as directed in the paper; and if there were symptoms of collapse supported the patient with milk, brandy and ammonia.

DR. MILBREY GREEN read a paper on Sanitary House-Drainage, which we publish in full in this number of the JOURNAL. The subject was discussed by the Society, and incidents in practice were related showing how serious sickness had resulted from imperfect house-drainage.

DR. SPENCER discussed some points in the essay, and reported a case of typhoid fever he had lately attended, caused by emanations from an old privy-vault and cesspool. The case occurred in a fine residence on one of the best streets of Cambridge. The house had been for some time connected with a sewer, but an old privy-vault and a cesspool had been left as before. The privy-vault was at one end of a two-story L. Untrapped pipes discharged into it from a kitchen in the L, and from set wash-tubs. The vault had overflowed and the ground under the L was flooded, so that the floor-timbers were rotten, and the lower boards were saturated and decayed. The cesspool that had been used before sewer connection was made was on the side of the house where the patient slept, and a ventilator from it ended just below his window. A wash-bowl in his room was imperfectly trapped, so that he had been exposed to poisonous air from within and without his chamber. About the same time he was called to prescribe for a gentleman living in the house, who had returned from a journey a few weeks previous, apparently in perfect health. The symptoms presented were undoubtedly caused by the condition of the house, which was remedied as soon as possible. Although the gentleman's system was seriously affected by the emanations from the vault, he escaped typhoid fever, which was at first anticipated.

DR. MERKEL gave several instances in his practice where sickness had been caused by defective house-drainage. He then gave an interesting and instructive account of his observations in regard to this subject and sewerage during his recent visit to Germany, and especially in Berlin, where he passed several weeks. He spoke of the great disadvantages Berlin and some cities in Germany labored under in disposing of their sewage, on account of their situation.

In 1861, Berlin, with about a million inhabitants, had only 1,584 houses supplied with water-closets. Until 1866 Hamburg was the only city in Germany which had a sewerage-system and water-closets in a large number of its houses. Dantzic, after a long series of experiments, adopted sewage-irrigation, and has found it a success from a sanitary point of view and financially. Many of the inland cities are adopting the same system. Berlin has expended millions of dollars in trying to solve the problem of the best disposal of its sewage, and improving its sanitary conditions. Virchow, Pettenkofer, Varrentrapp, Feichtinger, Wolfhugel and other scientific men, have devoted a great amount of time in studying the effects of sewage in the pollution of air, water and soil, and the best means of preventing disease from this source.

In 1862 a scientific commission was appointed at Berlin to investigate the disposal of sewage. Exhaustive experiments were made for about ten years. More than sixty deodorizers and disinfectants (so called) for sewage have been recommended, and the commission gave a thorough trial to the majority of them. Many of them were pronounced "unbedingt werthlos"—absolutely valueless—and all were decided to be inefficient, except at an excessive cost. The commission finally decided that the only practicable method was the purification of the sewage by irrigation, and a sewerage-system in accordance with their recommendation was commenced, which it was anticipated would be completed by 1883. Much, however, yet remains to be done, and there are grave doubts now as to the success of the plan as first proposed. The commission estimated, as the result of ten years' investigation, that 750 acres would be sufficient to purify the sewage of Berlin, at that time numbering about 750,000 inhabitants, although Dantzic, with its sandy soil, allowed one acre to 600 inhabitants. Time has shown that the first estimate of the commission was too low, and that a greater number of acres to a thousand people were necessary. The population of Berlin has increased rapidly, and as the sewerage-system has been extended, thousands of acres have been purchased for irrigation. Dr. Merkel spoke of the value of ozone preparations which had been tried at Berlin, and of a new antiseptic called "Oxymurin," the formula of which was given him by Dr. A. Hamer, "Ingenieur-Chemist" of Berlin, who discovered it.

DR. MILES believed too much importance could not be given to the matters discussed in Dr. Green's paper, although the subject had been so freely considered by this society for the past ten years; and every physician must be alive to the subject if he would justly serve his patrons and the public, and keep abreast of the profession at large.

As regards house-drainage he said it should be perfectly done, as bad work, or work only partly done, might lead those to think themselves secure who were in the greatest danger. In a tenement-house where there were two cases of typhoid fever and many cases of sore throat and much general indisposition within two years, it was asserted the house was well drained into a main sewer, but on careful investigation it was found that the pipe that emptied the water from a much used sink was untrapped. In another case where the family were constantly suffering from attacks of illness of a zymotic character, it was found, though the drainage was generally good, the sink-water from an adjoining house had been left to flow into an old cesspool on the grounds of the first house mentioned. Before this was discovered the source of the occasional vile odors was unknown. This remedied, the family again came to enjoy their usual health.

DR. GEDDES related a case in his practice where typhoid fever resulted from contamination of the well by a privy-vault, which was about ten feet from it. The sink-drain also discharged not far from the house, and contaminated the air, which may have been a factor in producing the fever. He found on inquiry that nearly every member of the family was sickly, and that several had frequently suffered from sore throats, diarrhœa, and serious disturbance of the stomach, for three or four years.

He thought water and air contaminated by privy-vaults, cesspools and sink-drains were frequently the cause of the obscure phenomena we sometimes meet with in various diseases. The dyscrasia produced by these causes had often puzzled him in the early days of his practice by its undefined character. He had been called to patients who had suffered for a long time from occasional attacks of diarrhœa, nausea, loss of appetite, extreme lassitude, a general sense of exhaustion, and sometimes nervous prostration, and who had no idea of the cause of their sickness, although in many instances it was found in their surroundings, when he came to investigate the condition of their premises, which of late years he had always done when he found these symptoms, as well as in cases of typhoid fever, or other zymotic diseases. But he had observed that there were many contradictory statements as to the effect of exposure to sewer-gas and sewage. It is asserted that the men employed in the sewers of Paris and London, and on sewage-farms, are comparatively free from zymotic diseases. Everybody must admit that a vast amount of sickness and death had been caused by cesspools and privy-vaults in cities and villages, but it seemed to many that sewers were scarcely less dangerous. In some of the cities where sewers had lately been constructed the mortality from

zymotic diseases continued as great as before. He cited the late reports from Memphis, which show that the mortality of the city increased the year following the construction of sewers. One report stated that there was a higher rate of mortality in the best sections of the city, where there were sewers, than in the poorer sections where sewers had not yet been constructed.

DR. GREEN, who practiced medicine in New Orleans before the late war, and has passed much time in Memphis, described the situation of Memphis and some other southern cities, and the difficulties they had to overcome to obtain good sewerage. Each city must solve for itself the problem of the best disposal of sewage and the system of sewerage best adapted to its situation. The peculiar system of sewerage adopted by Memphis in 1880, had not been carried out as recommended and agreed upon when it was commenced, and therefore had not been fairly tested. Between January 20, 1880 and July 1, 1881, thirty-three miles of sewer pipes were laid and 3,579 water-closets were connected with sewers, but much necessary work was left undone throughout the city. In order to derive the benefit expected from this work sanitary plumbing should have been secured in every house connected with the sewers, and old vaults and cesspools, and their surroundings, purified. There have been many instances throughout the country where sewers have been connected with houses, and the old, defective plumbing left untouched. Trapless pipes, or imperfectly constructed and porous traps, admitted the sewer-gas, and the houses were undoubtedly in a worse condition than before, as in addition to the sewer gas brought directly to sleeping apartments and other portions of these houses, there was still the old danger from ground that had for years been saturated with leakage from privy-vaults and cesspools. In many cities the ground has been honey-combed by cesspools and vaults, not only among residences but in the business portions. Hundreds of instances might be cited, like those reported here tonight, where a portion of the pipes have been left connected with cesspools and vaults, after sewer-connection has been made, and the old ventilators from cesspools and vaults have continued to give out their poisonous exhalations. Where this condition exists it is not to be expected that sewers will reduce the mortality. Aside from the great blessings of cleanliness and comfort, the advantages of a good system of sewerage in any city cannot be fully estimated until years have passed. When the old privy-vaults and cesspools have been cleaned out and filled, and the ground they have saturated for generations freed from poisonous deposits, and sanitary plumbing adopted in every house connected with sewers, then it will be time to analyze and compare

the vital statistics of former years with those of the present time, and decide upon the value of sewers in reducing zymotic diseases.

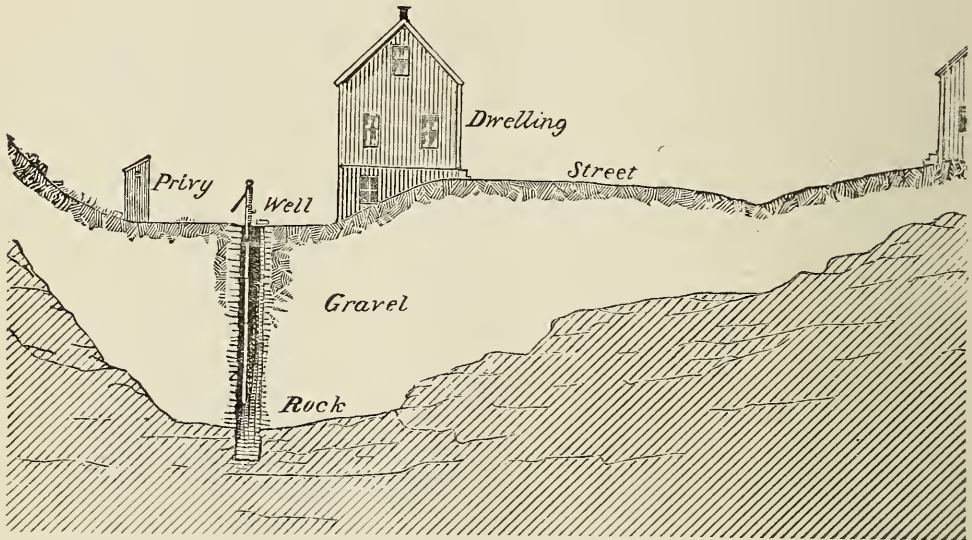
As to the reported exemption from the general ill-effects of sewer-gas of the hundreds of workmen employed in the sewers of Paris, there are several things to be considered. It is well known to residents in malarious districts of the South that when the system is fresh and well nourished by food, a man engaged in active exercise may expose himself with comparative impunity to air so contaminated with malaria that it would be dangerous to any person with a system relaxed by sleep, fatigue or hunger. The workmen in the sewers of Paris are comparatively young, as, with few exceptions, those engaging in this employment cannot remain in it as many years as in almost any other active employment. As a general rule they are well nourished and they only work a limited number of hours. Except in their working hours they are no more exposed to sewer-gas than other workmen. And yet statistics show that many of them suffer from chronic diseases indicative of slow poisoning.

In most of our cities the sewers are small, imperfectly constructed, and with but few vents, and these are sometimes partially or wholly closed for months by mud, snow and ice. In some instances even the outlets of sewers are occasionally closed. Under such circumstances sewer-gas is concentrated and forced into houses; and invalids, women and young children, who are indoors a large portion of their time, and who are unable to withstand the poisonous atmosphere, yield readily to its influence. Even comparatively strong persons may be seriously affected by sewer-gas in the non-resistant condition of sleep, and many have their health gradually undermined by their closed sleeping apartments being pervaded by it night after night, although when awake and actively engaged they might have withstood its influence as well as the workmen in the Paris sewers.

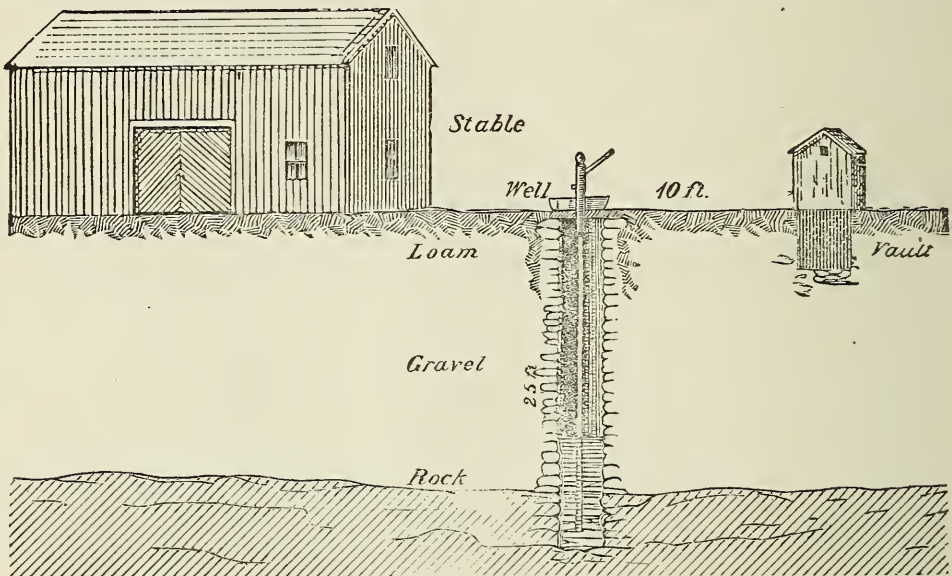
Several of the society related cases in their practice where contamination of drinking-water had caused typhoid fever, dysentery, diphtheria, etc., and described the condition of the premises where the cases occurred. Some of the cases were similar to those reported by Dr. J. G. Pinkham, of Lynn, in one of the Annual Reports of the State Board of Health, which we quote:

“CASE No. 1.—The diagram explains the position of the well, and shows the certainty of its pollution. The soil and subsoil are loose; contamination occurs both by surface drainage and from soakage. Five cases of typhoid fever occurred in the family living in the house, and seven more, with one death, among other persons using the well-water. This house became the centre of infection for a whole neighborhood.

CASE No. 2.—The well is twenty-five feet in depth, a portion of it being dug into the rock. The vault is ten feet distant on the same level. There is a cesspool in the garden below, and a stable on the left. The buildings and well are on a side-hill.



The premises are kept clean, and the water, which is clear and of good taste, has been used for many years. The occurrence of typhoid fever in the family led the physician in attendance to



[These cuts, and the one on page 542, were furnished Dr. Green by the courtesy of Dr. H. P. Walcott, of the State Board of Health, Lunacy and Charity.]

suspect the water, which, upon chemical examination, proved to be very much contaminated. There were five cases of typhoid fever in the family, and several others, with one death, among neighboring persons using the water."

House-drainage, sewer-gas, disposal of sewage, etc., have occasionally been discussed by the society for many years, and the interest in these, and all other sanitary subjects, appears to increase from year to year. These discussions are of value to all members of the society, as they bring out incidents in the practice of various physicians which illustrate the numerous ways in which sickness has resulted from defective house-drainage, and other sources of disease, that might often be avoided if they were understood.

At 10 o'clock the meeting adjourned.

NEW JERSEY ECLECTIC MEDICAL SOCIETY.

THE Eclectic Medical Society of New Jersey, met at Library Hall, Newark, October 20th, at 10 A. M. The meeting was called to order by the President, D. P. Borden, M. D. The journal of the last annual meeting was read and approved, and the morning session was taken up with reports and routine business.

Dr. M. Robinson reported a case of Diabetes Mellitus, which he had treated at first with Lycopus, and then with P. D. & Co's preparation of Fl. Ext. Rhus Aromatica. The latter remedy appeared to have the best effect. He had prescribed such a diet as he thought essential, which he regarded as one important part of the treatment. The patient was under treatment several months, and apparently completely recovered, all signs of the disease having disappeared. He had been following his business as usual for considerable time.

A committee of three was appointed to prepare and publish the *Transactions* of the Society.

Dr. L. H. Borden read an able paper on the circulation of the blood, which elicited much discussion. Dr. S. P. Taft, of Newark, reviewed a paper on Hernia, by Prof. A. J. Howe. Dr. Robinson reported a case of abscess in the cæcum.

The Semi-Annual Dinner was at Kleb's Hotel. The Society holds annual and semi-annual meetings, and usually has a good attendance. The next annual meeting will be held on May 10th, 1883.

ALEXANDER WILDER, M. D.

SELECTIONS.

DIPHTHERIA LARYNGEA.

PROFESSOR CÆRTEL claims to have demonstrated that diphtheria is an infectious disease due to vegetable growth, called the *micrococcus diphtheride*. This vegetable microbe is found located in the mouth and larynx; it excites inflammation in these two regions and the production of fibrinous exudation, from which after a variable period general infection of the organism results.

This mode of view is of the greatest importance from a therapeutic standpoint.

It is then but a question of treating a local affection. The local affection presents two indications: 1st. Destruction of the cause of the disease; 2d. Removal of the diseased products from the parts attacked.

According to the author, we are to-day in a better state to fulfill this double indication in diphtheria than in any other infectious disease.

1. Against the cause of the disease we possess in phenic acid a remedy which, if not a specific, is nevertheless extremely efficacious. To obtain the antiseptic and antiparasitic effects, it is necessary to use far more concentrated solutions than those heretofore used. Such is the conclusion arrived at by the author after an exclusive application of this agent in diphtheria for two years and a half. In twenty-seven very grave cases, three-fourths of which would certainly have terminated fatally submitted to any other treatment, an entirely favorable result was obtained; other physicians, induced by the author to try the method, have met with like success.

The author attributes his success entirely to the extremely strong solutions. In the gravest cases of diphtheria the author has not seen the patients rapidly improve except when the blood was so impregnated with phenic acid that the urine becomes an olive green color.

For local action on the mucous membrane a five per cent, solution is used by means of the vaporizer.

The inhalations are made by sittings of two to five minutes every two or three hours or oftener during the acute stage.

The glass tube that directs the jet is introduced almost directly into the mouth, and the inhalations made less frequently as the patient becomes better, to be continued till a cure is effected.

The urine and digestion are to be watched. If the former changes its color much or gastric troubles arise, the inhalations must be diminished in frequency. When the urine becomes an olive green the treatment must be suspended for twenty-four

hours, and the acid replaced by other solutions: boracic acid, two or three per cent., or benzoate of soda, five per cent. At the end of this period, the urine having become normal, the treatment by phenic acid is to be renewed. In order to hasten the detachment of the false membranes he uses hot vapor four to eight times a day for from a quarter to an hour at a time. According to the case, the patient inhales, the first hour a solution of phenic acid, from two to five minutes; the next hour, for ten or fifteen minutes, in the same manner another disinfectant or deterative liquid, by preference a weak solution of salicylic or a solution of common salt or chlorate of potash, one to two parts to one hundred.

The heat here plays the chief role; the liquid and alkali serve to liquify and separate the morbid products. The effect of the hot vapor manifests itself in from twelve to fifteen hours.

When the redness and swelling have gone down, suppuration sets in and the false membranes become detached, the number inhalations are diminished towards the third or fourth day, and only three or four are made for some days.

This plan, according to the author, prevents a recrudescence of the disease and a new infection of the mucous membrane, attended with the formation of a new false membrane.

As regards other remedies that can be used in the form of inhalations in diphtheria, the author has found that thymol, eucalyptol in aqueous or alcoholic solution, salicylic acid, the benzoate of soda or permanganate of potash, the latter because it discolours the parts and makes it difficult to recognize them, are decidedly inferior to phenic acid. Lime water and lactic acid, though under certain circumstances dissolve the coagulated fibrin, do not possess antiseptic properties, and since, in an affair of the mouth and pharynx, narrowing is not to be feared, the use of these agents is not indicated.

He says of all methods of using these remedies inhalations by the vaporizer is the best, since the action of heat is added to that of the remedy. For gargles much weaker solutions must be used.

The second method consists in the use of leaves of jaborandi or the chlorhydrate of pilocarpine. The author prefers, on account of the disagreeable secondary effects of jaborandi, one to five centigrammes of pilocarpine, according to the age, dissolved in water, once or twice at short intervals. Now and then he makes use of the hypodermic injections, when the morbid process has existed some days, of one to two milligrammes.

The condition of the heart must be looked to when chlorhydrate of morphine is used. It is contraindicated if there are signs of a cardiac disease.—*Annales des Maladies de l' Oeille*, etc., Sept., 1882, Tome viii., No. 4,

w. w. s.

ALARMING SYMPTOMS RESULTING FROM EIGHT GRAINS OF POTASSIUM IODIDE.

WHILE a few cases have been reported of dangerous symptoms following the administration of medicinal doses of potassium iodide, the number is not so large as to make the following case of no interest:

Miss K., a well-developed unmarried woman, twenty-eight years of age, consulted me because of a swelling of the right parotid gland. The enlargement was small. On discovering a slight scaly eruption on the scalp, I ordered a mixture containing eight grains of potassium iodide in each dose; the mixture was composed of the iodide, syrup and water. One dose of the medicine was taken at 8, P. M. In less than an hour disagreeable symptoms appeared about the mouth and throat; these increased in severity and new ones were added. At 11 o'clock, three hours after the medicine was taken, I saw the patient; found the symptoms alarming; the pulse was 60 and full; the axillary temperature 95° ; face pale; slight edema present over nearly the entire body. The face was markedly edematous, especially the upper eyelids, which were so swollen as to render opening the eyes impossible. There was an abundant secretion of viscid saliva, from which the mouth was cleansed with great difficulty. The mucous membrane of the nose was so swollen as to make it impossible to force air through the nasal passages. The lips, tongue, uvula, and soft palate were greatly enlarged. There was nausea but no vomiting, and much pain throughout the entire abdomen. Respiration was greatly embarrassed, apparently because of edema of the laryngo-tracheal mucous membrane. The patient would every minute start up in bed, toss her arms wildly about in her struggle for breath. The articulation was so impaired that it was with difficulty she made herself understood. The hypodermic use of $\frac{1}{4}$ grain morph. sulph. greatly relieved the respiration. The hypodermic injection was repeated in three hours, and the symptoms of poisoning gradually disappeared, although at the end of twenty hours after taking the iodide there was still greater suffering, the eyelids presenting a greater swelling than I ever witnessed. In seventy-two hours all the apparent effects of the medicine disappeared. As a matter of experiment I gave this patient, one week after her recovery, *one grain* potassium iodide, and in two hours all the symptoms recorded above, but in a much less degree, were present. These disappeared within twelve hours. A quantity but little greater than the dose first prescribed of the medicine would have, I believe, destroyed the patient.—By J. R. Weist, M. D., in the *American Practitioner*.

THE EFFECTS OF THREAD AND ROUND WORMS
UPON CHILDREN.

M. ARCHAMBAULT recently made some clinical remarks at the Hospital des Enfants Malades, Paris, on the effects produced by the *Oxyuris vermicularis* and the *Ascaris lumbricoides* in young children. He said one of the smallest and most curious worms, the presence of, which causes so much trouble to young children, is undoubtedly in the so-called "thread-worm," the *Oxyuris vermicularis*. This helminthe has its abode in the lowest part of the rectum, just within the anus. It is the cause of a number of troubles, and of very severe itches, which is chiefly nocturnal, and therefore often characteristic of the presence of this particular worm. The itching is sometimes so severe as to make children cry; it prevents sleep, and so gives rise to extreme irritation, which may bring on convulsions. This worm is also met with occasionally in adults, and has, by the intolerable itching to which it gives rise, brought on a veritable condition of hypochondriacism. Another effect, in certain cases, is an inflammation of the rectal mucous membrane, accompanied with tenesmus and mucosanguinolent stools. In female children the worms may find their way into the vagina, and so bring on a vulvitis, more or less intense, with secondary effects which are most undesirable. Thus, although the presence of these minute worms is not in itself dangerous, yet the secondary consequences may be really grave. Their treatment is as follows: Administer an enema, for five or six consecutive evenings, of lime-water; if this is not sufficient, add—as Dr. West advises—a little percoloride of iron, and the worms will be almost certainly destroyed. Or a mercurial suppository may be tried if the enemata do not succeed. It is very desirable that the enema be properly administered, and in sufficient quantity; it should pass up as far as, or even beyond, the sigmoid flexure, so as to dislodge any worm which may have crept up beyond their usual size. As regards the lumbrici, it may be said that they are harmless (*assez innocents*); it is only when very numerous that their presence becomes dangerous. M. Archambault was once called to see some children who had just arrived from Brazil, and who had been taken ill with convulsions, vomiting and diarrhœa. Finding in the stomach a number of round worms, he ordered calomel and santonia. An immense number of worms was passed—"it would be no exaggeration to say that the three children in three days passed a hatful of these helminthes." There are so many other anthelmintics than those just mentioned, that the physician's chief difficulty is the *embarras du choix*.—*Medical Times and Gazette*.

HOW FAR MAY THE ALCOHOLS BE USED IN PNEUMONIA?

IN the treatment of either croupous or catarrhal pneumonia, alcohol must, by all means, be used with caution. There are, for example, cases of pneumonia where the employment of alcohol to prevent paralysis of the heart, not only disturbs the regular course of the disease, but has a directly injurious tendency. This is to be noticed: 1. In all light cases of pneumonia. By this we mean those cases in which the temperature does not rise above 104° , where the dyspepsia is not very great, where the pulse is strong and the pulmonary trouble in general shows no tendency to rapidly increase. The employment of alcohol in such cases can only have a dangerous effect, for through the increased action of the heart more blood is thrown to the lung and the disease is increased. 2. The above treatment of pneumonia is further contra-indicated in people who are otherwise strong and healthy, who have not passed forty-five years of age. In children and young people alcohol exerts no favorable influence on the course of the disease. 3. In those cases of pneumonia where there is a valvular lesion of the heart alcohol is to be avoided; for through the increased action of the heart collapse is sooner to be expected. On the other hand, indications for the alcohol treatment are—1. In those patients in whom there is thought to be a degeneration of the heart-muscle, but when there is no valvular lesion. This is mostly the case in chronic alcoholic drinkers, in whom an unexpected paralysis of the heart may occur at any time. 2. In those who have passed fifty years of age, if they possess no heart lesion. 3. In the so-called hypostatic pneumonia where the appeal impulse is in position, for the purpose of supplying the sound as well as the diseased lung with fresh, healthy blood, and to protect the sound parts of the organ from stasis and the diseased part from the further consequences of the stasis which has already occurred. 4. In every pneumonia, if only the heart is not affected with a lesion of the valves, after the crisis has passed, so as through the increased impulse to the circulation to more rapidly promote the absorption of the exudation. 5. Finally, alcohol cannot be avoided without regard to the condition of the heart in persons having a tendency toward collapse, where paralysis of the heart or œdema of the lungs may occur at any moment. When, however, œdema is already present, then alcohol is no longer of use, for by this means will the patient, who is now without hope, be unnecessarily maintained in the death-agony. The thoughtless, unrestricted treatment of every case of pneumonia with alcohol is not only unscientific, but indeed blamable.—*Cincinnati Lancet*.

CARBONATE OF AMMONIA SACHETS FOR BRONCHITIS.

M. MESENS having observed the good effects of the atmosphere of a stable on those suffering from pulmonary diseases, which are rightly attributed to the emanations of carbonate of ammonia, he thought that continued, yet moderate, respiration of this salt might be useful in other affections of the respiratory organs. After a serious attack of bronchitis, he decided on trying on himself the effects of carrying a little bag round his neck containing little pieces of carbonate of ammonia. From the first day the amelioration was felt, and the cough soon disappeared entirely, while often persons who suffered from chronic bronchitis also obtained relief. The use of little bags of carbonate of ammonia are intended to produce the same result as the air of a stable or a gasworks.—*Medical Press*.

THE MECHANICAL TREATMENT OF NEURALGIA.

THE author (Dr. E. Rasori) uses the tuning-fork in the treatment of neuralgic pains, applying its vibrating over the course of the painful nerves. He reports the experiments of Boudet, who, by means of the tuning-fork, could check a neuralgia for some time. Boudet used the instrument in accordance with the ideas of Granville, who thought the neuralgia consisted in a peculiar vibration in the nerve trunk, to induce different vibrations in the painful nerves. He mentions many other experiments from Bal, of Paris, and Renzer and Gowers, of London, where the application of the instrument was of benefit.

The instrument was applied for from twenty to forty minutes when the patient was relieved without further treatment. During the neuralgic attacks one of the women had suffered from vomiting, but after the relief from the application she was troubled no more in this way.—*Bolletino della Societa Hancisiana, Roma*.

MUSTARD IN THE TREATMENT OF SMALL-POX.

E. S. LYNDON, M. D., Athens, Ga., writes: Just before the close of the war, I was called to prescribe for a Confederate soldier, suffering with great nausea. A large mustard-plaster was ordered to be placed over the stomach. A few hours afterward my attention was directed to an eruption covering the part where the mustard had been placed. It was a well developed case of small-pox. There was no eruption on any other part of the body.

The pustules were well developed, with the characteristic pit. I did not have another opportunity to try it, but believe a mustard-plaster applied to any part of the body will bring out the eruption twenty-five to thirty-six hours earlier than usual, so that a diagnosis can be made on the first day of the fever. I believe it possible to invite all the eruptions to any part of the body, and thus avoid the pitting of the face. And in malignant cases, where the poison produces death before the eruption appears, the mustard might possibly bring out the eruption and save the patient. The experiment is easy and harmless.—*Gaillard's Medical Journal*.

SOME OBSERVATIONS IN CONSUMPTION.

A large number of consumptives complain of a sense of chilliness, both during the day and night. Cold feet at night is a symptom complained of for a number of years before signs of cough, emaciation, or any other of the local symptoms have made their appearance. Another point of interest preceding the local symptoms, is a manifest disposition to stomach disorders; some of the symptoms most frequent are loss of appetite, sensation of fullness and oppression after partaking of food, flatulence, pain under the sternum and vomiting of such severity that one might be led astray and think the case one of ulcer of the stomach. Individuals apparently strong, robust, and wellnourished very frequently complain of weakness and loss of strength. Menstrual irregularities are not infrequent, sometimes amounting to complete amenorrhœa. A large proportion of cases that become phthisical in later years present eccentricities of the appetite from early childhood; there is a morbid craving for salty meats, fish, raw onions, etc.; on the other hand there is a dislike to all diet containing fat: this may continue for a number of years and then again it may disappear suddenly. Author thinks it advisable not to contradict these perversions, but to gratify the desires of the patient.

Observations made in a few hundred cases show that there is a premature decay of the upper incisor teeth. The finger nails are sometimes peculiarly shaped, though this symptom only shows a diminution of the vital forces. Changes in the bony system are frequently quite marked, often there is a distinct difference with regard to shape and size the superior maxilla and nasal bones of the right and left sides. This peculiarity may also extend to the cartilage of the nasal bones. In exceptional cases the hand is small, but nearly always it is abnormally large; the development of the thorax seems to have been arrested in childhood, while the balance of the bony system continues to develop normally.

Phthisis is not of specific origin, and even the presence of bacteria in a well advanced case does not cause any material change.

The therapeutic remarks by the author do not offer anything new positively, but are entirely too hypothetical. He very highly recommends electricity as treatment, but fails to give any results or statistics.—*Medical Zeitung*. C. W. T.

HEALTH OF CRIMINAL WOMEN.

DR. E. M. MOSHER, in an article upon this subject (*Boston Medical and Surgical Journal*) comes to the following conclusions :

First. Intemperance and unchastity are the two vices which fill our penal institutions with women.

Second. The influence of these vices is detrimental to health of body, increasing its susceptibility to disease, and lessening its recuperative power.

Third. The diseases which follow as a direct result of these vices are syphilis, alcoholism, dyspepsia, rheumatism, and general anæmia.

Fourth. Morbid conditions of body react upon the moral nature, increasing and perpetuating the tendency to criminality; hence the importance of careful medical supervision as a reformatory measure.

Fifth. More ample provisions should be made in all large cities for the isolation and thorough treatment of venereal patients of *both sexes*, either by the addition of special wards to the general hospitals or by the establishment of hospitals for this class.

Sixth. The women who commit high crimes, that is, larceny, burglary, arson, manslaughter, etc., possess a more sensitive nervous organization than those who commit only offences against chastity and public order.

PERIODICAL SORE THROAT RECURRING AT EACH MENSTRUAL EPOCH.

DR. GENET (*Journal de Medicine et Chirurgie*, October, 1882) describes a sore throat which makes its appearance with great regularity a few days before each menstrual period, and subsides before the appearance of the catamenial flow. It is characterized by a slight sensation of dryness in the throat, with thirst, and a little tickling cough. There is neither fever, headache, foul breath, nor any actual pain in the throat. Examination shows a slight redness of the fauces, and a little swelling of

the tonsils. The affection lasts two or three days and disappears immediately upon the establishment of the menstrual flow. At the menopause, when the courses become irregular, the sore throat ceases to appear every month, but is observed only before the calamenia, at whatever time the flow may occur.

DEAFNESS FOLLOWS MUMPS.

DR. JOHANNES SEITZ reports a case of deafness following an attack of parotiditis, but five other cases having been hitherto recorded. The patient, a student nineteen years of age, was seized with inflammation of both parotid glands, of considerable intensity, but unaccompanied with any cerebral symptoms. On the sixth day the patient seemed well. Two days later he returned, complaining of deafness on the right side with tinnitus aurium and dizziness. The watch could be heard only when in contact with the head. The drum of the right ear was thinned; opaque, and slightly sunken, yet the light pyramid appeared normal. On the left side there were evidences of old middle-ear catarrh, but no signs of recent inflammation. There was no complaint of the left ear except for a day or two, when a sound like the roaring of the wind was present. This soon subsided, and no further trouble was experienced on this side. The dizziness and tinnitus continued for two or three weeks and then gradually ceased, but the loss of hearing on the right side remained permanent.—*Correspondenz.Blatt für Schweizer Aerzte*, October 1, 1882.

POSSIBILITY OF THE EASY AND PAINLESS INTRODUCTION OF A TUBE INTO THE LARYNX.

DR. BROWN-SEQUARD, in a communication addressed to the Academie des Sciences, relates some experiments undertaken by him, with the view of facilitating the introduction of a tube or other instrument through the rima glottidis. The pharynx was opened by an incision extending from the angle of the jaw to the base of the tongue, exposing the epiglottis and larynx. A very rapid current of carbonic acid gas was then projected over these parts, and at the expiration of from fifteen seconds to two or three minutes it was found possible to introduce a tube, or even the finger, into the larynx without giving rise to pain or any irritation. This local anæsthesia (accompanied by incomplete general anæsthesia) disappeared in from two to eight minutes after the withholding of the gas. No local or general bad effects followed the

experiments. At first an extreme irritation of the larynx is produced by the carbonic acid, which soon, however, passes away, and is succeeded by complete local anæsthesia. The vapor of chloroform produces like effects. The experiments were made upon dogs and rabbits. The author promises soon to determine the feasibility of the application in the human subject.—*La France Medicale*, October 3, 1882.

SPASMODIC STRICTURE OF THE ŒSOPHAGUS.

At a meeting of the New York Medical and Surgical Society, Dr. Francis Delafield narrated a case as follows: The patient was an unmarried woman twenty-three years of age. He saw her first on February 16, 1882, when she stated that she had always enjoyed good health until eighteen months before. At that time she began to suffer from attacks of severe pain, which was referred to the region of the lower end of the œsophagus. These attacks occurred about once a week, lasted ten or fifteen minutes, and had no relation to the taking of food. They sometimes occurred in the night, sometimes in the day. There were no other symptoms whatever. After three months she experienced difficulty in swallowing solids, and subsequently in swallowing liquids. At length she could take no solid food, and liquids could be swallowed only at times. On some days she could swallow nothing whatever. She starved to a certain extent, but had no other symptoms. Menstruation continued regular, and there were no neurotic symptoms. Dr. Delafield was able to pass a large œsophageal tube into the stomach, and he therefore supposed the case was one of spasmodic stricture of the œsophagus, and at first attempted to treat it by passing the bougie every day, under which she seemed to improve for a time only. On some days she could swallow fluids, but oftener she could not, and as she gained nothing in weight, she was taught how to introduce half a pint of milk and a half pint of cream, mixed, into the stomach through the stomach-tube, to be repeated once a day. Besides, she was to try to eat regularly. She had done this since the 9th of March, and during all this time had been able to eat solid food at any time in the day, but it was her custom to eat an ordinary meal for breakfast and dinner, and to take the milk and cream in the manner indicated in the evening. From her normal weight of 125 pounds she had fallen to 99 pounds, but after adopting this plan she had gained 14 pounds. It was probable, however, that like some cases of spasmodic stricture which had been reported, this one would continue for a long time.—*New York Medical Journal and Obstetrical Review*, October, 1882.

THE PATHOGENESIS OF GASTRIC ULCER.

IN the course of some experiments on the production of nephritis by the injection of cantharadin under the skin, Aufrecht (*Allgemeine Med. Cent. Zeitung*, 1882) has made the remarkable discovery that ulceration of the stomach may result from these injections. After the subcutaneous injection of cantharadin, suspended in oil to lessen the local irritation, he found in guinea-pigs a large number of circumscribed changes in the mucous membrane of the stomach. These were at first regarded as merely hemorrhages, but on closer examination were found to be spots of loss of substance, the boundary of which projected above the level of the adjacent mucous membrane. These changes were especially conspicuous in the stomach of a rabbit which died ten days after the injection of two and a half milligrammes of cantharadin. About fifteen small ulcers were found in the stomach, many of them with raised edges, and all filled with blood clot. There were also six circular spots of a dull gray color, sharply limited, without any extravasation. A microscopical examination showed in the latter the following changes: The epithelium of the glands was paler and less granular than normal; between the glands was a clear amorphous material; the capillaries were distended with blood, whereas elsewhere they were empty. A similar change was found in the vicinity of the extravasation, and the glandular epithelium here presented irregularity. The extravasations were of uniform brownish red blood, in which no intact blood-corpuscles could be seen. There was no sharp limitation to the blood effused, such as might have been expected had the hemorrhage resulted from the rupture of one vessel. From these facts he concludes that the extravasation is the second stage in the process, consecutive to inflammation, which appears to be the first alteration. Aufrecht believes that these facts indicate that in man a similar sequence may obtain, and that ulcers of the stomach probably commence as inflammation, and not, as is commonly assumed, by hemorrhage.

EYE DISEASES DEPENDENT UPON SUPPRESSION OF MENSES.

IN the *American Journal of the Medical Sciences* for October, 1882, Dr. R. J. McKay reports twelve cases in which suppression of the menses was accompanied by disturbance of vision. Cases of this kind demand prompt recognition as to their etiology (before vision is too much impaired by the internal eye disease) in order that they may be successfully treated and re-

lieved. Partial loss of vision, and inability to use the eyes in young healthy looking females, without external eye disease, always suggest to his mind the probabilities of menstrual disturbance, and he makes it a rule to at once inquire about the matter.

Young school-girls often manifest asthenopia (weak and painful sight) about the time their menses are being established, and especially if their menses become irregular from any cause, which may produce partial or complete suppression for an indefinite time. Sometimes they manifest decided congestion of optic papillæ and retinæ, and others no internal eye lesion, with exception of strain of their accommodation. This is common to all such cases, for they have some refractive deformity of their eyes. The latter sooner or later causes their muscles of accommodation to rebel from their over-taxing and too continuous work.

DR. HOLMES ON PHYSICAL DIAGNOSIS AND SPECIALISM.

I HAVE often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that their physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was too much like the indulgence of an idle and worse than idle curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they would never have thought of otherwise. I even doubt whether it is always worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive*. What is the too fatal gift of science? *A prognosis of despair*. "Do not probe the wound too curiously," says Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest when a *very* wise man would let it alone and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist.—*Boston Medical and Surgical Journal*.

A PUPILLARY PHENOMENON OBSERVED IN CERTAIN MORBID CONDITIONS IN CHILDHOOD.

DR. PARROT records in the *Revue de Medicine* for October, 1882, a number of observations made by him in regard to a reflex dilatation of the pupil, occurring in certain pathological con-

ditions in young children. In these affections, dependent or not upon evident lesions of the nervous centres, accompanied or not, by convulsions, but always by coma, if the skin of the epigastrium or of any other part of the body be pinched, there follows a momentary dilatation of the pupil. Among the affections in which this phenomenon is observed are tubercular meningitis, hemorrhage beneath the pia mater, some cases of chronic hydrocephalus, and certain other undefined conditions in which the contents of the cranium are increased out of proportion to its capacity. In other comatose conditions, usually without convulsions, there is no response of the pupils to even violent pinching of the integument. In these cases there may be œdema or marked congestion of the pia mater, but the factor of cerebral compression is absent. From his present observations the author is unable to determine the precise diagnostic or prognostic value of this phenomenon, but he formulates one conclusion, viz. ; In a child in a comatose condition, whether there be convulsions or not, if the pupils do not respond to peripheral irritation in the manner indicated, we can exclude meningitis and hemorrhage beneath the pia mater—the child is suffering from asphyxia and his death is imminent.

COCKLE-BURR IN RETENTION OF URINE.—Dr. H. C. Barnard states in the *Therapeutic Gazette* that a case of retention of urine in a little boy, whom he was treating for typhoid fever, was promptly relieved, before a suitable catheter could be procured, by means of an infusion of the common cockle-burr (*zanthium strumarium*), prepared and administered by the patient's grandmother. In all his cases of the same character since, Dr. B. has given cockle-burr tea, and always with such success that he has never had to use an instrument for their relief. He uses 15 or 20 fresh ripe burrs-to a teacup of hot wate; a tablespoonful every half hour. A fluid extract of the drug is prepared.

VERY CROOKED.—The crookedest of crooked work, and yet that which has grace and elegance in every crook, may be seen in the Noyes Dictionary Holders and Noyes Handy Tables. In them the fact is clearly demonstrated that if the inventor has *not* made the crooked straight, he *has* made the straight crooked, and thereby increased its beauty and utility. People in search of holiday presents will appreciate his success. The New York Weekly *Tribune* says in regard to it: "We know of but one satisfactory Holder; that, however, is so good that a second is not needed." A fine illustrated circular may be had *free* by addressing L. W. Noyes, 99 West Monroe Street, Chicago. The prices have been greatly reduced.

EDITORIAL.

“In things essential, unity; in things doubtful, liberty; in all things, charity.”

A TASTELESS TINCTURE OF IRON.

OF the many new preparations introduced within recent years, and their name is legion, none has come into more general use than dialyzed iron. The merits claimed for it are that it has no styptic taste, mixes well with water in any proportion, does not discolor the teeth nor constipate. These desirable qualities it undoubtedly possesses, but our experience with it as a blood restorer forbids us to believe that it acts like the other ferruginous preparations, and a very competent judge (Bouchardat) has declared that theoretically it must be regarded as an inert, or at best a very feeble preparation of iron. We have found it utterly to fail in cases for which iron seemed indicated and which other preparations caused to speedily improve. A case now under care well illustrates its action, or rather its want of action. The patient had taken it nearly six months, almost without interruption, when she came under our care, and without any apparent benefit whatever, as the physician who prescribed it, a learned professor in a medical school, himself confessed. We immediately ordered one of the older and less fashionable preparations, for there is a fashion in medicine, and improvement speedily followed. In a second case the patient had used it for a considerable time, and yet was profoundly anæmic, and Vellets mass produced a change no less marked than in the first case. Dr. R. V. Mattison has shown that it is probably insoluble in the gastric secretions, for he attempted unsuccessfully to dissolve the precipitate of ferric hydrate in an artificial gastric juice, nor could he find a trace of iron in the urine of patients daily using it. On the other hand, Dr. Gowers, of London, ascertained by counting the red corpuscles before and after its use in anæmia, that they rose from 46 to 102 per cent. of the normal proportion in 34 days in one case, and from 26 to 92 per cent. in 63 days in another case. Dr. Robert Amory, of this city, also reported that he counted the red corpuscles in like manner in five cases of anæmia and found the proportion increased in them in from 7 to 16 per cent. These very interesting observations would seem to be conclusive of the hæmatogenous virtues of dialyzed iron were it not that we have the positive declaration of Hayem, who pursued exactly the same method of investigation, that at least in saturnine anæmia, “iron does not influence the number but only

the development of the red corpuscles." While numerous cases have been published which seemed to prove that dialyzed iron is an efficient antidote to arsenic, its utility in anæmia is still undetermined, to say the least, certain we are, however, that we will employ it no more.

A few months since we observed in an exchange the following request: "Will some of the readers of the *Medical Brief* please tell me what 'Creuse's Tasteless Preparation of Iron' is? How it is prepared? It is mentioned on page 107 of Barthalow's *Materia Medica and Therapeutics*." We have observed that though several have alluded to this request, no one has, as yet, given the information desired, though some months have elapsed. The preparation alluded to above is an excellent one, and combined with simple syrup forms the "Iron Syrup" of a leading gynæcologist of this country. We are in possession of the formula, but unfortunately it is a proprietary article.

It possesses all the valuable hæmatinic properties of tinct. ferri chloridi from which it is made, without its objectionable features. Suffice it to say that by the process employed, citrate of iron is produced. A tasteless (or nearly so) tincture of iron may also be obtained by the following formula, being almost identical with the above:

R.	Acidi Citrici,	3 ij.
	Aquæ Ammoniaë, (concentrated)	3 ij; gtt. x.
	M. et. add.	
	Tinct. Ferri Perchloridi.	
	Glycerini, a. a.	3 ij.
	Aquæ, q. s.	3 j.

This preparation added to simple syrup or syrup of lemons forms an elegant compound, possessing all the virtue of any form of iron that we are acquainted with. It has much the appearance of the ordinary tincture, but is without its objectionable features—except a slight styptic taste, but given in 15 drop doses in a wineglass of water, it is hardly discernable. Try it.

ECLECTICISM IN ST. LOUIS.

KANSAS claims to be the banner state of eclecticism, the balance of power being there in the hands of the eclectic profession, and to their credit be it said, they have never prostituted it to the furtherance of personal aims or interests, and, mainly by their efforts, the standard of medical requirements has been raised. In Missouri also the cause of eclecticism seems to be well sustained, and its practitioners are able to secure and maintain equal rights and privileges, if the city of St. Louis may be

taken as a criterion, for we are informed that several of the gentlemen prominently connected with the American Medical College, of that city, also occupy important positions of trust and influence in the municipal government, and among the list of lecturers recently appointed for service at the City Hospital, we observe the names of Drs. George C. Pitzer, Edwin Younkin, P. D. Yost, and Albert Merrell, all of the medical school above mentioned.

No doubt eclecticism encounters less bitter opposition in the West than in the East, the people and profession alike being more ready to welcome progress in any direction, and to accept new truths even though they expose the fallacy of theories long cherished, but it commends itself to the common sense and good judgement of the unprejudiced observer anywhere, and that it yields better results in treating disease than are secured by any other system is a matter, we believe, which admits of easy demonstration.

The pleasant state of affairs in St. Louis is not due to the force of circumstances, nor was it forced upon the eclectic physicians of that city. It is the result of earnest and combined effort on their part, and there is no reason, other than general apathy and lack of concerted action, why the same state of things should not obtain here. In every New England state, aside from the horde of ignorant pretenders that take refuge beneath the name eclectic, and have no other claim to it than to anything else which they purloin, are good men enough of our faith to command a better position than they now occupy were they united in action, as they are in interests,—men who in character, medical acquirements and polish are not excelled by any medical body, of equal number, in this country. Is not here good cause for reflection?

A CHINESE PANACEA FOR FACIAL NEURALGIA.

SOME months since, Mr. F. Newcome wrote a series of articles to a medical journal of England, making a number of striking statements concerning the materia medica of the Chinese, and the immense capacity for taking drugs they as a people possess. At many of the ports drugs represent one-third to one-half of the commerce. Hardly an herb grows in the Flowery Kingdom to which some wonderful medicinal power is not ascribed, and the cultivation of medicinal plants and the manufacture of medicines therefrom has become so extensive as to almost make China the eighth wonder of the world. Although addicted to the almost constant use of some drug, the Chinaman is a Thomp-

sonian, so to speak, and uses vegetable remedies exclusively. mineral compounds being used externally only, and he objects to the use of mercury even in syphilis, on the ground that it will cause impotence or barrenness—sensible Chinaman, “Welly good John.” Though as extensive, their materia medica is quite different from ours. Rhubarb, aloes, castor-oil, camphor and others, though raised and exported in enormous quantities, are but little used by them. The Chinaman is profoundly convinced that rhubarb is indispensable to Europeans and Americans, and during the war of 1840 the policy was seriously discussed of cutting off the supply of that drug, under the belief that Europeans would soon die of constipation. Of the many drugs mentioned, gensing is the one best known to us, and it still retains its place in the estimation of the celestials, some varieties commanding a price of five dollars an ounce. There is a striking similarity in the virtues ascribed to the various drugs. Nearly every one seems to be either a tonic or panacea. Despite our superiority as therapeutists, according to Mr. Newcome, there is one remedy to which he makes no reference, the best use of which we learned from the natives of China. We allude to oil of peppermint as a local anæsthetic. They paint it on the face in facial neuralgia, and used in this way and also in gout, the relief it gives is almost instantaneous. We have never employed it in the latter affection but have several times in the former, and the result was all that could be desired. Whether it will have the same effect in all cases of facial neuralgia we do not know, but it seems worthy a trial.

PRURITUS ANI AND PRURITUS LABIÆ.

PRURITUS Ani and Pruritus Labiæ are conspicuous among the diseases that torture the patient and vex the doctor, although they are not dangerous to life. Itching piles may also be well classed in the same category. How readily they can sometimes be cured, and how vicious they are of cure at other times, must have been the experience of all practitioners. Running from doctor to doctor, is not unfrequently the course of the patients; and the successful prescriber seems a marvel of skill to them. Latterly, and so far with uniform success, I have prescribed the following in the above diseases:

R.—Boracic Acid, ʒj—ʒjss; Vaseline, ʒij. **M.** ft. ung. **S.** Apply to the irritated parts freely three or four times in the twenty-four hours.

Always direct the patient to wash the parts freely with warm or cold water, choosing the temperature giving the most comfort, before applying the ointment.

It is not pretended the above will cure every case, but it has served me the best of anything used in my practice, and another remedy is added to the list that often proves successful. And here let it be suggested, it is not to be supposed that the remedy that proves curative in a given case, and fails in another seemingly like it, is uncertain or fickle in its action; the error rather consists in the inability of the physician to see the exact indications for the use of the agent.

C. E. M.

IN some eastern countries the family physician is expected to, and is rewarded for, employing prophylactic measures rather than curative, being paid so long as the patient remains in health, and receiving no compensation during his illness. What a rich field for our zealous sanitary friends.

GREAT consternation is created in southern medical circles by a proposed bill requiring the name of the physician who attended the deceased to be engraved on the tombstone. Would such advertising be a violation of "the code"?

DR. OLIVER WENDELL HOLMES, Professor of Anatomy in Harvard Medical School for the past thirty-five years, has resigned the position which he has filled with so much credit to himself and honor to that institution.

CORRESPONDENCE.

ARDOR URINÆ.—A FORMULA WANTED.

Editor Mass. E. M. Journal:

I wish to submit the following case to the readers of the JOURNAL, hoping that some of them will be able to suggest a remedy or measure of some kind that will afford relief. The patient is a young lady, aged 18, of a somewhat nervous temperament, of excellent family and has been tenderly and carefully reared. She has been fairly healthy until about six weeks since when I was called to treat her for what proved to be an attack of remittent fever. This yielded to the usual treatment, and she has made a good recovery with one exception. Soon after the commencement of the febrile state, the mother informed me that the daughter complained of pain during micturition of a smarting character. This was attributed at the time to the influence

of the fever upon the urine—perhaps increasing the urates. This symptom, however, has remained without much improvement, although in all other respects the patient has recovered her usual health, and resumed her ordinary mode of life some time since. I have employed various diuretics, alkalies, the carbonate of lithia, etc., to no purpose. She has no leucorrhœa, nor are there any signs of inflammation about the external parts nor about the meatus. The urine does not deposit albumen nor sugar. The trouble dates back to the first few days of her illness, and is evidently giving rise to considerable nervousness and irritability. I am at a loss to know what farther to do. Will some one who has met such a case, please communicate through the JOURNAL their experience and the treatment found efficacious? I very much desire such aid and will be grateful for it.

Yours,

J. S. G.

We trust the above inquiry will not remain unanswered. Among our readers there are many who can no doubt afford the information desired, and we will be greatly disappointed if it does not receive a ready response. We are the more anxious that the writer should receive the aid he seeks, as we wish to encourage the sending of similar communications. It might be made an interesting feature of the JOURNAL. Letters of inquiry, as to diagnosis, the remedies indicated, or hints as to treatment, will always find a ready place in our columns, and we will publish answers. The name will be printed or withheld, as may best suit the writer, but we would wish it to accompany all communications as an evidence of good faith.—*Ed.*

LIGATURES FOR PULMONARY AND OTHER HEMORRHAGES.

BOSTON, November 6th, 1882.

Editor Mass. E. M. Journal:

AN article published in the October number of the MASS. E. M. JOURNAL, entitled "Checking Pulmonary Hemorrhage with Shawl-Straps" pleased and interested me very much. Now, although the practise is not new, I am glad that it has again been brought to the notice of the profession, as it is really a very simple and effectual mode of arresting the different kinds of hemorrhage.

About twenty-five years ago I was called to a very alarming

case of purpura hemorrhagica ; blood was pouring freely from the nose and gums, while at short intervals large quantities were ejected from the stomach. After using all the medicines given in such cases, without checking the hemorrhage, ligatures were applied to the upper and lower extremities with complete success.

Some years after, I saw a similar case in consultation with the late Dr. Wm. E. Underwood, which was controlled and cured with the ligatures after medicines of all kinds had been tried and had failed.

Another case, a very interesting one to me, was that of a man about seventy-five years old, who had a severe attack of hemorrhage from the nose. The case was treated by a number of our best physicians by medicines, and plugging the nostrils anteriorly and posteriorly, but without effect, as the patient was so irritable that he would not keep the plugs in. When I made my first visit he said he would not have his nose plugged again ; he would rather die. I therefore applied the ligatures, and by careful watching for about a week, he recovered. Years ago I applied the ligatures in several cases of pulmonary hemorrhage, and always with success. There is one very important point connected with the application of the ligature, and that is, it must be watched, and tightened or loosened when necessary.

J. JACKSON, M. D.

ANTISEPTICS IN PHTHISIS.

DR. WILLIAM PORTER, Physician to Throat and Lung Department, St. Luke's Hospital, St. Louis, thus summarizes :

Proven, it seems to me, are these two propositions :

1st. Phthisis is a specific disease from a specific cause.

2d. Phthisis may be produced by absorptions of tuberculous matter in contact with the mucous membrane of the air passages or intestinal tract.

There is also evidence that the energy of this tuberculous matter is due to germ development and progression.

Hence the value of antiseptic influence in the treatment of phthisis, not only in the later stages during pus production and absorption, but also in the earlier process of infection.

One great demand is for that, which by local and internal use, may meet and destroy the septic agencies of disease. Such a remedy must be effective, unirritating and non-poisonous, susceptible of ready dilution and easy absorption, and withal inoffensive in odor and taste.

Carbolic acid and iodoform do not fully meet these require-

ments, and less harmful and yet no less potent means of antagonizing contagion and putrefaction are finding favor.

The compound known as Listerine has for nearly two years served me better than any other remedy of its class, and, in the treatment of phthisis, has almost supplanted in my practice all other antiseptics. In treatment of diseases of the upper air passages it is pleasant and does not irritate; in the fermentative dyspepsia so often accompanying phthisis it is safe and efficient.

It is the most powerful non-toxic antiseptic I have yet found.—*Lancet and Clinic.*

MISCELLANY.

PLUGGING THE POSTERIOR NARES IN EPISTAXIS.—Dr. Hartmann, in the *Annales des Maladies du Larynx*, etc., July, 1882. warns the profession against the dangers of plugging the posterior nares, especially if *perchloride of iron* be made use of at the same time. The pressure of the tampon is not only very disagreeable to the patient, but is apt to cause great irritation of the mucous membrane. If *perchloride of iron* be used fresh, hæmorrhage frequently occurs when the plug is removed, from the tearing of the mucous membrane to which it has adhered. Dr. Hartmann has seen three cases in which plugging of the posterior nares has been followed by inflammation of the middle ear.

TRANSPLANTATION OF MUSCLE.—Dr. Helferich, of Munich. after the removal of a large fibro-sarcoma from the biceps muscle of a woman, aged thirty-six, refilled the gap left vacant with a freshly cut piece of muscle taken from a dog, fastening the same with six lower and thirty upper catgut ligatures. A cure followed the antiseptic treatment. The patient can now readily flex and extend the arm. An electrical examination instituted by Ziemssen did not show any abnormality, and it appears therefore that the transplanted muscle has retained its vital functions.—*Berliner Klinische Wochenschrift*, No. 26, 1882.

DELIVERY WITH MEMBRANES UNRUPTURED.—Dr. Van Peyma relates this case with somewhat unusual features. He was called to attend Mrs. B—— in fourth labor; previous parturitions normal. On arriving at the house and making an examination, he discovered protruding from the vulva a smooth amniotic sac containing the fœtus. Upon applying slight traction by means of a towel wrapped around the mass, it was easily removed. The uterus immediately contracted firmly, and so con

tinued. Upon examination of the sac and contents, it was found to be the entire unruptured amniotic sac, containing the dead fœtus, as well as placenta, etc. The contents were easily recognized on account of the transparency of the membranes. The mother's last menstruation occurred more than six months previous, and the fœtus had the appearance of having passed that age.—*Buffalo Medical Journal*, August, 1882.

PROSPECTIVE CHOLERA.—The following theory is disturbing the minds of some of our lay contemporaries. It is that the great outbreaks of cholera in Europe and this country have occurred at intervals of sixteen or seventeen years: as in 1817, 1838, 1850, and 1866. Between these great attacks of the epidemic there were minor returns of it, occurring at intervals of six years after the more fatal visitations, namely, in 1837 and 1854. According to this view, a most destructive prevalence of this pestilence is due in England and the States in 1882-3.

OBESITY AND ITS TREATMENT.—Ebstein, of Wiesbaden, describes a new dietetic method for the relief of obesity. He does not believe in "Bantingism," and states that it produces inanition which may be injurious. Dr. Ebstein contends that a diet of albuminous and fatty matter tends to check deposit of fat, and that it is the sugars and starches which are to be left out in an anti-fat regimen. He gives bread, however, and green vegetables, peas and beans, but no potatoes. The addition of fat to the diet-list has the advantage that it produces satiety sooner and the patient does not eat so much.

COINCIDENCE OF ANAL FISTULA AND PHTHISIS.—A member of the Massachusetts Medical Society recently read a paper before that body, claiming "the coincidence of anal fistula and phthisis." The time was when such a proposition would have been laughed to scorn by the majority of the members of this "Rip Van Winkle" Society, its author would have been denominated a fool, and turned over to some irregular organization. So the pendulum does swing, even in this ancient commonwealth.

AN AUSTRALIAN REMEDY FOR ASTHMA.—A correspondent of a Sydney paper writes that an ounce of the leaves of a species of *Euphorbia*, indigenous to Queensland, and known scientifically as *E. pilulifera*, placed in two quarts of water and allowed to simmer until the quantity is reduced one half, will afford a medicine which, taken a wine-glassful at a time, twice or thrice a day, will relieve the most obstinate cases of asthma, as well as coughs and ordinary chest affections. The leaves may be easily gathered and dried, and kept for a considerable length of time.

A CASE OF TYPHOID FEVER AT SEVENTEEN YEARS OF AGE is reported by Dr. Charles H. Miller in the *Southern Clinic*. Dr. Miller states that no other case in a person so old has before been reported. The maximum generally given is fifty to fifty-five years. The details of the case, however, are not given with sufficient care to prove that it is the disease claimed. The patient recovered.

THE MAJORITY OF THE CHEAP CIGARETTES contain more nicotine in proportion to the tobacco in them than does an ordinary cigar; one reason for this being that many of them are made from cigar-stumps, which are carefully collected for this purpose. and these cigar-stumps are saturated with nicotine distilled into them by the slow combustion of the cigar.

TO HASTEN THE ACTION OF QUININE.—Dr. Starke, in *Berliner Klin. Wochenschrift*, advises that before swallowing powder or pills of quinine, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinine, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritation so common after the administration of large doses of this drug.

POISONING FROM RED STOCKINGS.—Dr. J. Woodland writes to the *Lancet* that, having had his attention directed to several cases of great irritation of the feet and legs, causing small pustules to arise and the skin to subsequently exfoliate, and suspicion being fastened upon red stockings which the patients wore, he carefully analyzed them. He found a tin salt which is used as a mordant in fixing the dye. He succeeded in obtaining as much as 22.3 grains of this metal in the form of the dioxide, and as each time the articles are washed the tin salt is rendered more easily soluble, the acid excretions from the feet attack the tin oxide, thus forming an irritating fluid.

HOLIDAY PRESENTS are annually sought for. But it is often difficult to find appropriate and inexpensive articles of real value, that will be kept, used and appreciated by a friend. Among these we would make favorable mention of the Noyes Dictionary Holders and Noyes Handy Tables. No more appropriate and acceptable presents can be made at so small a cost. The prices are greatly reduced. A large illustrated circular will be sent free on application to L. W. NOYES, 99 West Monroe street, Chicago.

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